

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TENNESSEE

NATIONAL BOARD OF MEDICAL)	
EXAMINERS <i>et al.</i> ,)	
)	
Plaintiffs,)	
v.)	Civil Action No. 09-1043-JDB
)	
OPTIMA UNIVERSITY LLC <i>et al.</i> ,)	
)	
Defendants.)	

DECLARATION OF STEVEN HAIST

I, Steven Haist, hereby state as follows:

1. My name is Steven Haist. I am more than twenty-one (21) years of age and, unless otherwise noted, I have personal knowledge of the facts stated herein.

2. I am employed by the National Board of Medical Examiners ("NBME") as Associate Vice President, Test Development Services.

3. The information provided in this declaration is based upon information known to me personally or provided to me by individuals who are also employed by NBME.

4. As part of my job responsibilities, I personally compared materials that were obtained from Optima University LLC and Eihab Suliman with (a) copyrighted questions from the item bank for the United States Medical Licensing Examination ("USMLE"); (b) copyrighted questions that USMLE makes available as practice materials to prospective examinees; and (c) copyrighted questions that NBME makes available for purchase by examinees for purposes of self-assessment. I also supervised

other employees of NBME who assisted in making such comparisons. NBME obtained the Optima materials from our outside counsel, who obtained the Optima materials during or in conjunction with visits made by our counsel to Optima's offices in McKenzie, Tennessee with US Marshals pursuant to an impoundment order issued by the Court.

5. NBME personnel found questions in the Optima materials that are substantially similar, and in many cases identical, to copyrighted USMLE questions.

6. Some of the infringing questions are in the form of handwritten notes that reconstruct secure test questions from an actual USMLE examination. *See* Ex. 1 hereto (containing true and correct copies of representative samples of this type of infringing content located in the Optima materials). Other infringing materials are typed questions that are virtually verbatim to secure USMLE questions. *See* Ex. 2 (containing true and correct copies of representative samples of this type of infringing content located in the Optima materials). Still other infringing materials consist of computer screen shots from actual USMLE examinations. *See* Ex. 3 hereto (containing true and correct copies of representative samples of this type of infringing content located in the Optima materials).

7. Attached at Ex 4 hereto is a representative side-by-side comparison that we prepared, pairing infringing questions that we found in Optima's materials to the corresponding secure copyrighted USMLE questions.

8. We have also found in the Optima materials other copyrighted questions, including many from the copyrighted Comprehensive Basic Science Self-Assessment that is available to prospective examinees for purchase through the NBME website

(www.nbme.org). True and correct copies of representative examples of these questions taken from the Optima materials are attached as Ex. 5 hereto.

9. The USMLE questions, practice materials and the self-assessment materials that we have identified as having been infringed by Optima had been registered on behalf of the NBME and/or FSMB for copyright protection with the U.S. Copyright Office. Optima infringed a total of 16 copyrighted works. Each of the following copyright registration certificates reflects a copyrighted work that contains one or more questions that were infringed by Optima: TXu 1-256-037; TX 6-845-880; TXu 1-192-927; TXu 1-256-036; TX 6-468-136; TX 6-845-857; TX 6-419-276; TXu 1-256-031; TXu 1-256-030; TXu 1-256-025; TXu 953-854; TXu 1-111-542; TX 5-021-440; TXu 928-261; TX 4-838-008; TX 4-958-938. True and correct copies of these certificates are attached hereto as Ex. 6.

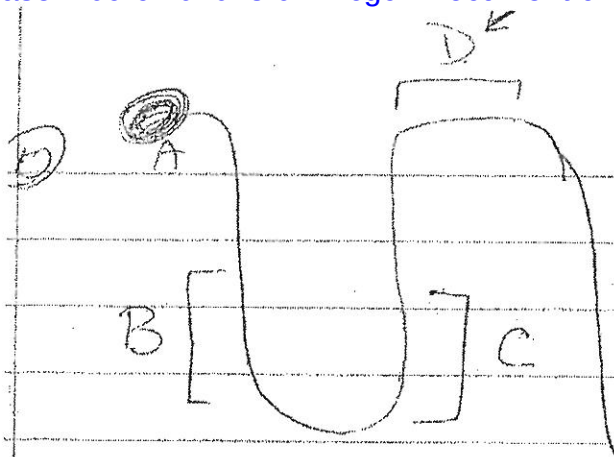
I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 05th, 2011.



Steven Haist

EXHIBIT 1

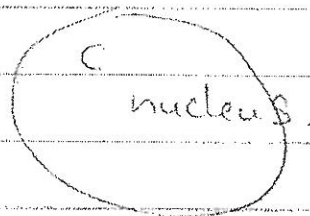


Which part of the nephron is a hypotonic solution?

① I think they were asking about insulin hormone & where does it work on?

A

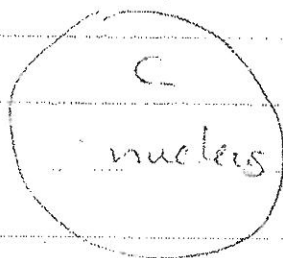
B



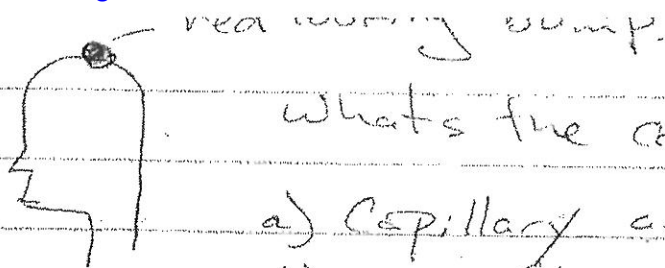
② Hormone question and dealt with insulin and mentioned something about ATP.

A

B



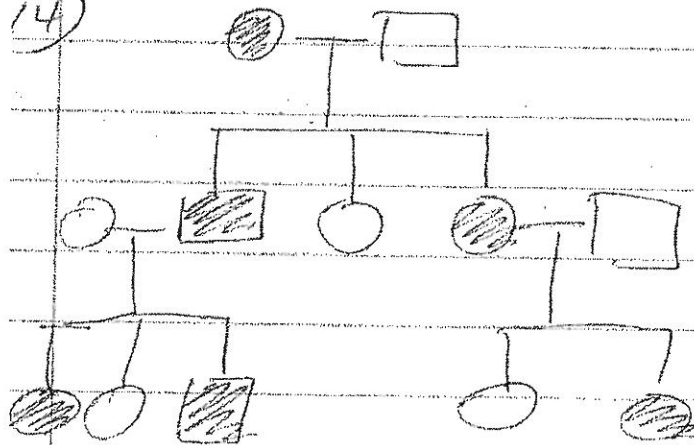
(13)



What's the cause?

- a) Capillary angioma
- b) Neurofibromatosis

(14)

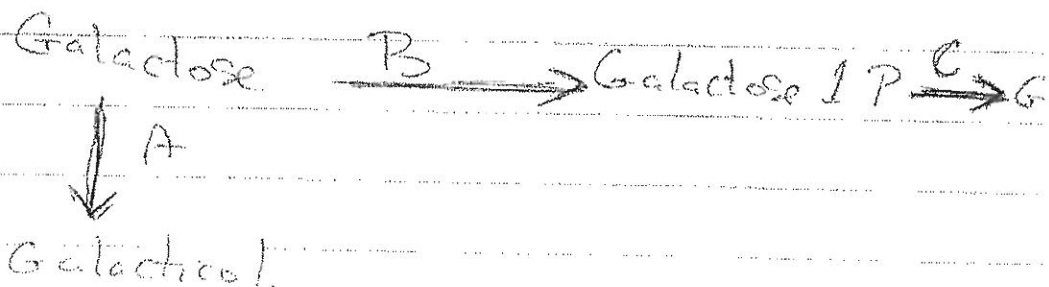


What does the pedigree represent?

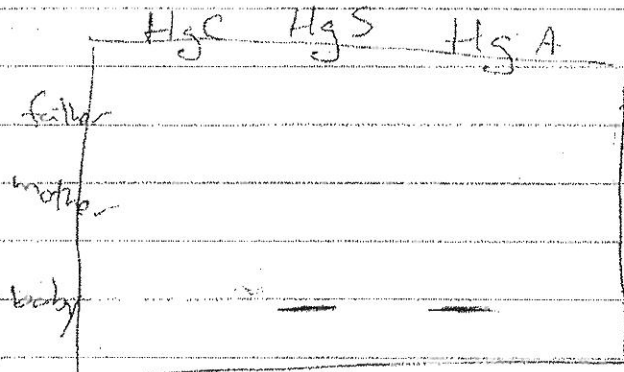
- a) Autosomal dominant
- b) Autosomal Recessive
- c) X-linked Dominant
- d) X-linked Recessive

(15)

Patient is 3 month old & has Cataract and hepatomegaly. Where is enzyme deficient at?

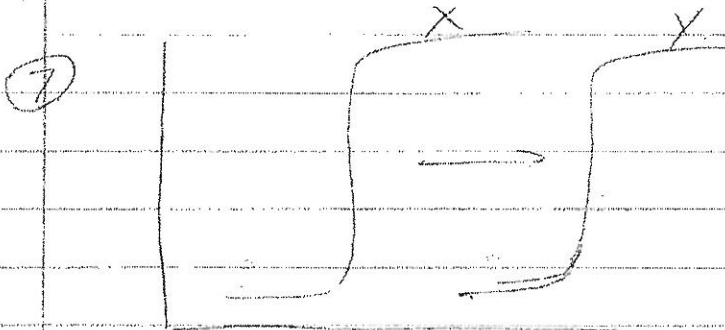


⑥ 3 month old baby & gave electrophoresis of blood



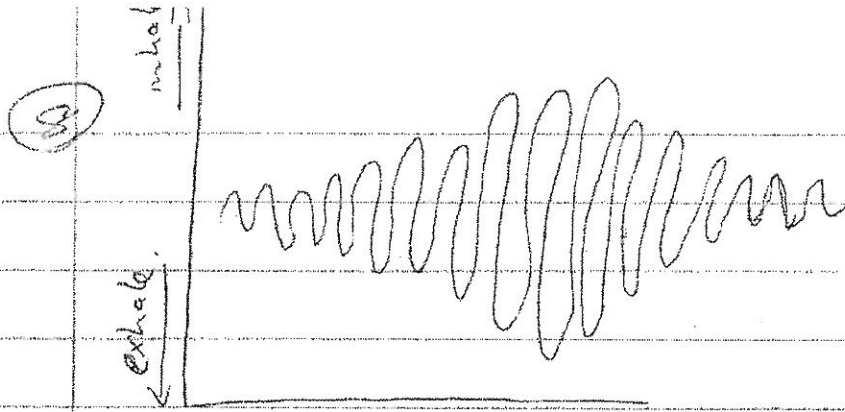
& And asked what does the baby have?

don't
remember
options



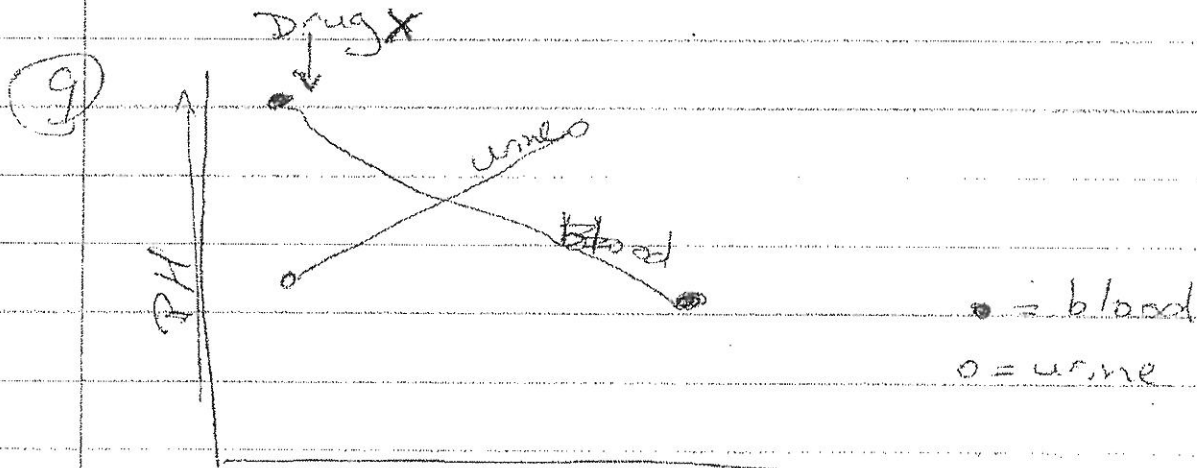
If a drug shifts the graph from $X \rightarrow Y$, what will cause?

- a) $\uparrow K_M$
- b) $\downarrow K_M$
- c) $\uparrow V_{max}$
- d) $\downarrow V_{max}$



Question dealing with someone breathing and asking what's problem?

- a) Obstructive
- b) Neurology
- c) Sleep apnea



What is the drug had these affects?

- a) Acetazolamide
- b) Furosemide
- c) Thiazide

Value is 75%. Which of following tables corresponds to that?

① D Z -

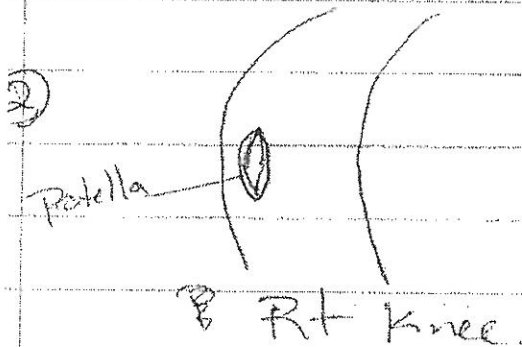
⊕	50	50
⊖	25	75

a)

b)

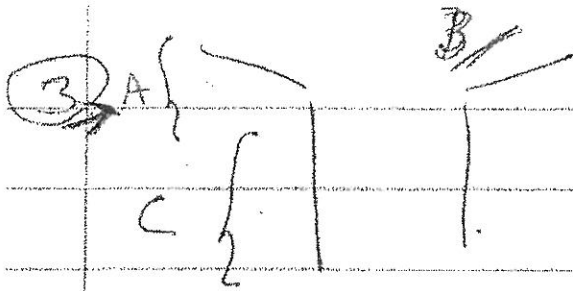
c)

d)

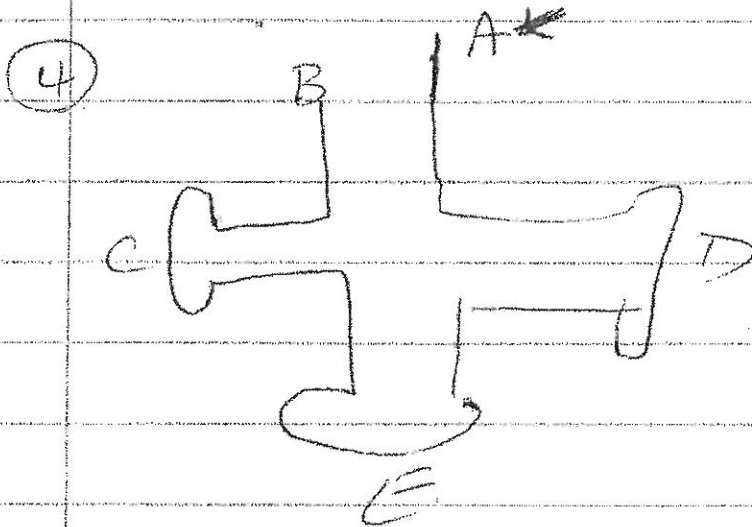


Picture of Patella bone
is shifted to the Right
What caused ~~the~~ to be
in that Position?

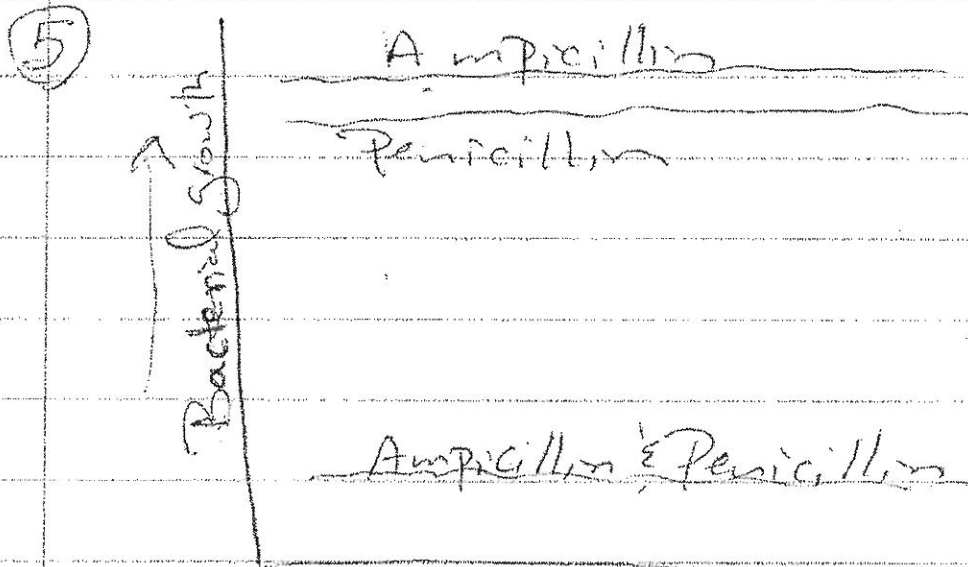
- ⇒
- a) Rectus femoris
 - b) Semimembraneous
 - c) Semitendinosus
 - d) Anterior Tibial Artery



They asked where the
hyper variable part occur
at ?



Where is binding site
of amino acid ?



Ampicillin & Penicillin together is what?

- a) Synergy
- b) Additive

Q Positive Predictive Value is 50% & Negative Predictive Value is 75%. Which of following tables corresponds to that?

Q D Z =

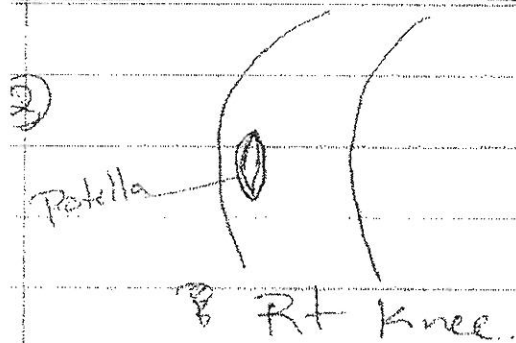
⊕	50	50
⊖	25	75
Test		

a)

b)

c)

d)



Picture of Patella bone
& is shifted to the Right
What caused ~~the~~ to be
in that position?

- ⇒
- a) Rectus femoris
 - b) Semimembraneous
 - c) Semitendinosus
 - d) Anterior Tibial Artery

EXHIBIT 2

Seized document: Optima-EXT1\Suliman backup 2\vaio\Embryology Q's unhighlighted.doc

Secure USMLE Material

3-6-48) EMBRYO
The cloaca is partitioned into an anterior primitive urogenital sinus and posterior rectum by the action of the urorectal septum, a structure formed by a superior Tonneux fold and two inferior Rathke folds. Failure of all of these folds to form would most likely result in which of the following anomalies?
a) Rectoprosaic
b) Rectourethral
c) Rectovaginal
d) Rectovesical

Item: 1 of 1

Back

Previous

Next

Lab Values

Notes

Calculator

The cloaca is partitioned into an anterior primitive urogenital sinus and posterior rectum by the action of the urorectal septum, a structure formed by a superior Tonneux fold and two inferior Rathke folds. Failure of all of these folds to form would most likely result in which of the following anomalies?

☐ A. Rectoprosaic

☐ B. Rectourethral

☐ C. Rectovaginal

☐ D. Rectovesical

Block Time Remaining: 5:11:45

Log Time Remaining: 9:11:45

Next

End Block

Seized Document: Optima-EXT1\F\Suliman backup 2\vaio\ANATOMY Q's unhighlighted.doc

5-1-17

A 45-year-old nulliparous woman has galactorrhea and bitemporal hemianopia. If the neoplasm causing these symptoms has invaded adjacent bone, which of the following sinuses is most likely to be affected first?

a) Anterior ethmoidal

b) Frontal

c) Maxillary

d) Middle ethmoidal

e) Sphenoidal

Secure USMLE Material

Item 1 of 1

Next

Previous

Next

Lab Values

Notes

Calculator

A 45-year-old nulliparous woman has galactorrhea and bitemporal hemianopia. If the neoplasm causing these symptoms has invaded adjacent bone, which of the following sinuses is most likely to be affected first?

☐ A. Anterior ethmoidal

☐ B. Frontal

☐ C. Maxillary

☐ D. Middle ethmoidal

☐ E. Sphenoidal

Block Time Remaining: unlimited

Time remaining: 8:14:55

Lock

End Block

Seized document: Optima-EXT1/F/Suliman backup 2/vaio/All Qs 1-8 highlighted R 12-19-2006.doc

Secure USMLE Material

5-2-11)
A previously healthy 32-year-old man comes to the emergency department because of a 3 week history awakening in the middle of the night because of chest pain, palpitations, sweating, trembling, dizziness, paresthesias, a feeling of choking, and feelings of unreality. This is his third visit in the past year for similar episodes. He tells the physician he is afraid that he is going to die. Physical examination and laboratory studies show no abnormalities. Which of the following is the most appropriate initial pharmacologic therapy?

- a) Alprazolam
- b) Atenolol
- c) Chloral hydrate
- d) Methylphenidate
- e) Thioridazine

Item 1 of 1
Block 1 of 1

Navigation icons: Previous, Next, Home, Back, Forward, Search, etc.

A previously healthy 32-year-old man comes to the emergency department because of a 3 week history of awakening in the middle of the night because of chest pain, palpitations, sweating, trembling, dizziness, paresthesias, a feeling of choking, and feelings of unreality. This is his third visit in the past year for similar episodes. He tells the physician he is afraid that he is going to die. Physical examination and laboratory studies show no abnormalities. Which of the following is the most appropriate initial pharmacologic therapy?

- ☐ A. Alprazolam
- ☐ B. Atenolol
- ☐ C. Chloral hydrate
- ☐ D. Methylphenidate
- ☐ E. Thioridazine

Block Time Remaining: unlimited
Day Time Remaining: 0:14:50

Next

End Block

Seized document: Optima-EXT1/F/Suliman backup 2/vaio/All Qs 1-8 highlighted R 12-19-2006.doc

Secure USMLE Material

7-1-23Physio

A 16 year old girl is brought to the physician by her mother because she has never had a menstrual period. Physical examination shows an enlarged clitoris and partially fused labia, which, according to her mother, have been present since birth. Which of the following sets of serum electrolyte concentrations is most likely in this patient?

a) Na up

b) K up

c) Normal

d) Normal

e) down

up

down

Normal

Normal

down

	Na ⁺	K ⁺
A.	T	T
B.	T	I
C.	Normal	normal
D.	I	T
E.	I	I

A 16-year-old girl is brought to the physician by her mother because she has never had a menstrual period. Physical examination shows an enlarged clitoris and partially fused labia, which, according to her mother, have been present since birth. Which of the following sets of serum electrolyte concentrations is most likely in this patient?

Item 1 of 1

Block 1 of 1

Mark

Previous

Next

Lab Values

Notes

Calculator

Block Time Remaining: 0:14:17

Flag

End Block

Seized document: Optima-EXT1/F/Suliman backup 2/valio/All Qs 1-8 highlighted R 12-19-2006.doc

Secure USMLE Material

3-2-3) PHARMO
A 55-year-old man with small cell carcinoma of the lungs is scheduled to undergo combination chemotherapy with etoposide and cisplatin. Which of the following best describes the cytotoxic mechanisms of these drugs?

Etoposide	Cisplatin
a) DNA gyrase inhibitor	glutamine 5-phosphoribosylpyrophosphate aminotransferase inhibitor
b) Microtubule stabilizer	inosinic acid dehydrogenase inhibitor
c) Ribonucleotide reductase inactivator	free radical generator
d) Thymidylate synthetase inhibitor	DNA polymerase inhibitor
e) Topoisomerase II inhibitor	DNA crosslinking agent

Item 1 of 1
Block 1 of 1
Previous Next
Lab Values Notes Calculator

A 55-year-old man with small cell carcinoma of the lungs is scheduled to undergo combination chemotherapy with etoposide and cisplatin. Which of the following best describes the cytotoxic mechanisms of these drugs?

Etoposide	Cisplatin
<input type="radio"/> A. DNA gyrase inhibitor	glutamine 5-phosphoribosylpyrophosphate aminotransferase inhibitor
<input type="radio"/> B. Microtubule stabilizer	inosinic acid dehydrogenase inhibitor
<input type="radio"/> C. Ribonucleotide reductase inactivator	free radical generator
<input type="radio"/> D. Thymidylate synthetase inhibitor	DNA polymerase inhibitor
<input type="radio"/> E. Topoisomerase II inhibitor	DNA crosslinking agent

Block Time Remaining: 0:14:46
Last
End Block

Seized Document: Optima-EXT1\F\Sullivan backup 2\vaio\unanswered_03-05-2007-.pdf

Secure USMLE Material

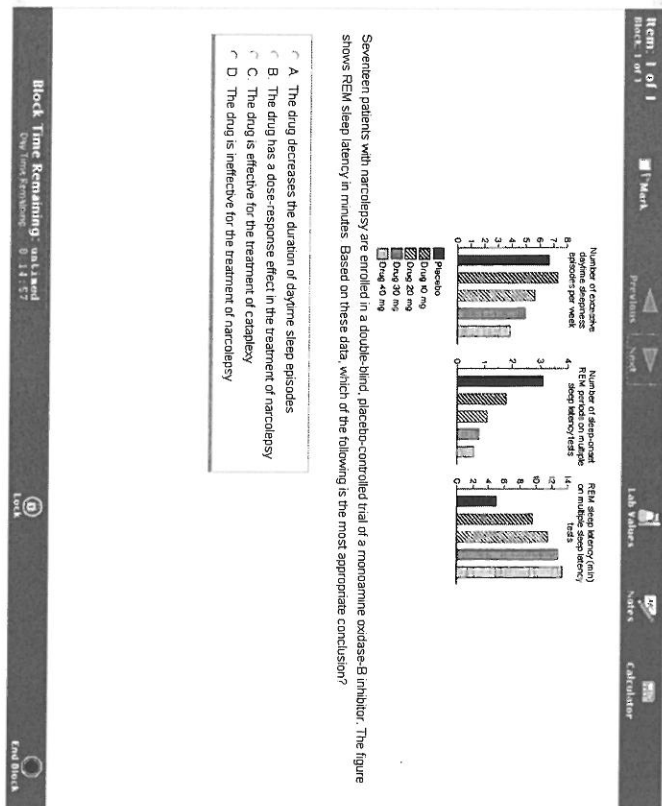
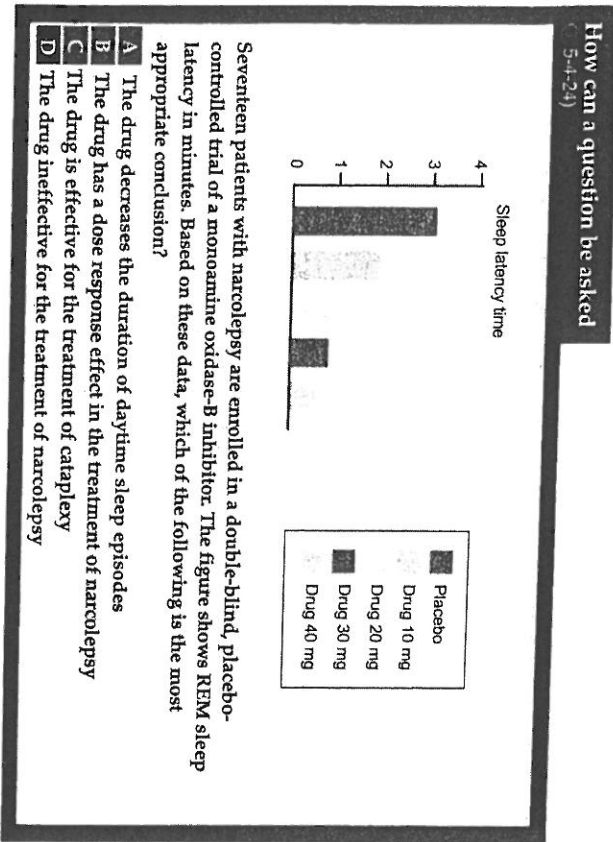


EXHIBIT 3

NBME v. Optima

**Electronically Stored Documents Retrieved During
Initial Impoundment**

**File Source: Optima-EXT1\F\Suliman backup
2\vaio\r.doc**

vaio File Edit View Favorites Tools Help

Back Search Folders

Address E:\Optima-EXT1\F\suliman backup 2\vaio

File and Folder Tasks

- Rename this file
- Move this file
- Copy this file
- Publish this file to the Web
- E-mail this file
- Print this file
- Delete this file

Other Places

- suliman backup 2
- My Documents
- My Computer
- My Network Places

Details

r.doc
Microsoft Word Document
Date Modified: Saturday, June 23, 2007, 3:15 PM
Size: 43.4 MB
Author: aisha suliman

Name	Size	Type	Date Modified	Duration	Dimension
subjects from raz hd all subjects usmle optima		File Folder	03/02/2009 6:09 PM		
temp ethics-psych-bs		File Folder	11/22/2007 1:35 PM		
1-2-45).jpg	711 KB	JPEG Image	05/09/2007 10:43 AM		2125 x 2
9 exam.doc	10,239 KB	Microsoft Word Document	06/21/2007 1:47 PM		
add to molecular bio.doc	20 KB	Microsoft Word Document	12/14/2006 4:55 PM		
ALL EXPLANATIONS 1-8 R 12-19-2006.doc	9,044 KB	Microsoft Word Document	06/23/2007 5:30 PM		
ALL Qs 1-8 highlighted R 12-19-2006.doc	13,811 KB	Microsoft Word Document	05/25/2007 7:39 PM		
ALL Qs-1-8 R 12-19-2006.doc	13,814 KB	Microsoft Word Document	05/30/2007 5:30 PM		
ANATOMY expl.doc	70 KB	Microsoft Word Document	04/03/2007 3:37 PM		
ANATOMY Q's unhighlighted.doc	199 KB	Microsoft Word Document	12/07/2006 1:56 PM		
ANATOMY Q's.doc	187 KB	Microsoft Word Document	04/04/2007 11:55 AM		
answered qs.doc	794 KB	Microsoft Word Document	04/01/2007 3:44 PM		
biostat 2 .html	4 KB	HTML Document	01/10/2007 5:06 PM		
DrawingsAdd-on_05-08-2007.pdf	360 KB	Adobe Acrobat Document	08/11/2007 10:42 AM		
Embryology expl.doc	30 KB	Microsoft Word Document	12/08/2006 3:19 PM		
Embryology Q's unhighlighted.doc	39 KB	Microsoft Word Document	05/25/2007 7:21 PM		
Embryology Q's.doc	39 KB	Microsoft Word Document	04/02/2007 8:05 PM		
Histology expl.doc	48 KB	Microsoft Word Document	08/10/2006 2:49 PM		
Histology Q's unhighlighted.doc	38 KB	Microsoft Word Document	12/08/2006 4:30 PM		
Histology Q's.doc	39 KB	Microsoft Word Document	12/08/2006 4:30 PM		
Immuno ars.doc	21 KB	Microsoft Word Document	12/18/2006 8:09 PM		
Immuno expl-1-8.doc	49 KB	Microsoft Word Document	12/18/2006 8:22 PM		
irfanview_plugins_399.exe	5,569 KB	Application	01/03/2007 10:28 AM		
KAVITA-exam.rtf	7 KB	Rich Text Format	05/31/2007 3:07 PM		
PHARMACOLOG expl 1-8.doc	721 KB	Microsoft Word Document	11/19/2006 4:40 PM		
pressure tracing.JPG	62 KB	JPEG Image	03/28/2007 6:12 PM		720 x 741
PSD_1to10nov-10-06.rar	23,253 KB	WinRAR archive	04/02/2007 11:20 AM		
psych 2 .html	4 KB	HTML Document	01/01/2007 8:04 PM		
psych 2 .wmv	5,903 KB	Windows Media Audio/Video file	01/01/2007 8:04 PM	0:06:13	1280 x 11
questions need to be done.doc	1,009 KB	Microsoft Word Document	08/02/2007 10:14 PM		
r.doc	44,463 KB	Microsoft Word Document	06/23/2007 3:15 PM		
tcmd655a.exe	1,652 KB	Application	12/30/2006 6:54 AM		
unanswered_03-05-2007-.pdf	16,340 KB	Adobe Acrobat Document	05/09/2007 10:35 AM		

Type: Microsoft Word Document Author: aisha suliman Title: 9-2-1 Date Modified: 06/23/2007 3:15 PM Size: 43.4 MB

43.4 MB My Computer

Q-9-1-1 – Phys- Renal

An investigator is performing clearance experiments to investigate the effects of Drug X on renal function. The infusion of Drug X preferentially constricts the efferent arteriole.

Which of the following changes in renal homodynamic is most likely to be observed?

	Renal plasma Flow	Glomerular Filtration Rate	Filtration Fraction
A-	↑	↑	↑
B-	↑	↑	↑
C-	↑	↓	↓
D-	↑	↓	↓
E-	↓	↑	↑
F-	↓	↑	↑
G-	↓	↓	↓
H-	↓	↓	↓

Q-9-1-2 – Path-joints

A 40-year-old woman comes to the physician because of a 6 month history of dryness of her mouth and itching and burning of her eyes. Physical examination shows inflammation of both corneas and sclera. Enlarged salivary glands, and paucity of saliva. Serum antinuclear antibody assay is positive. She is told that she is at risk for developing lymphoma.

Which of the following is the most likely mood of inheritance?

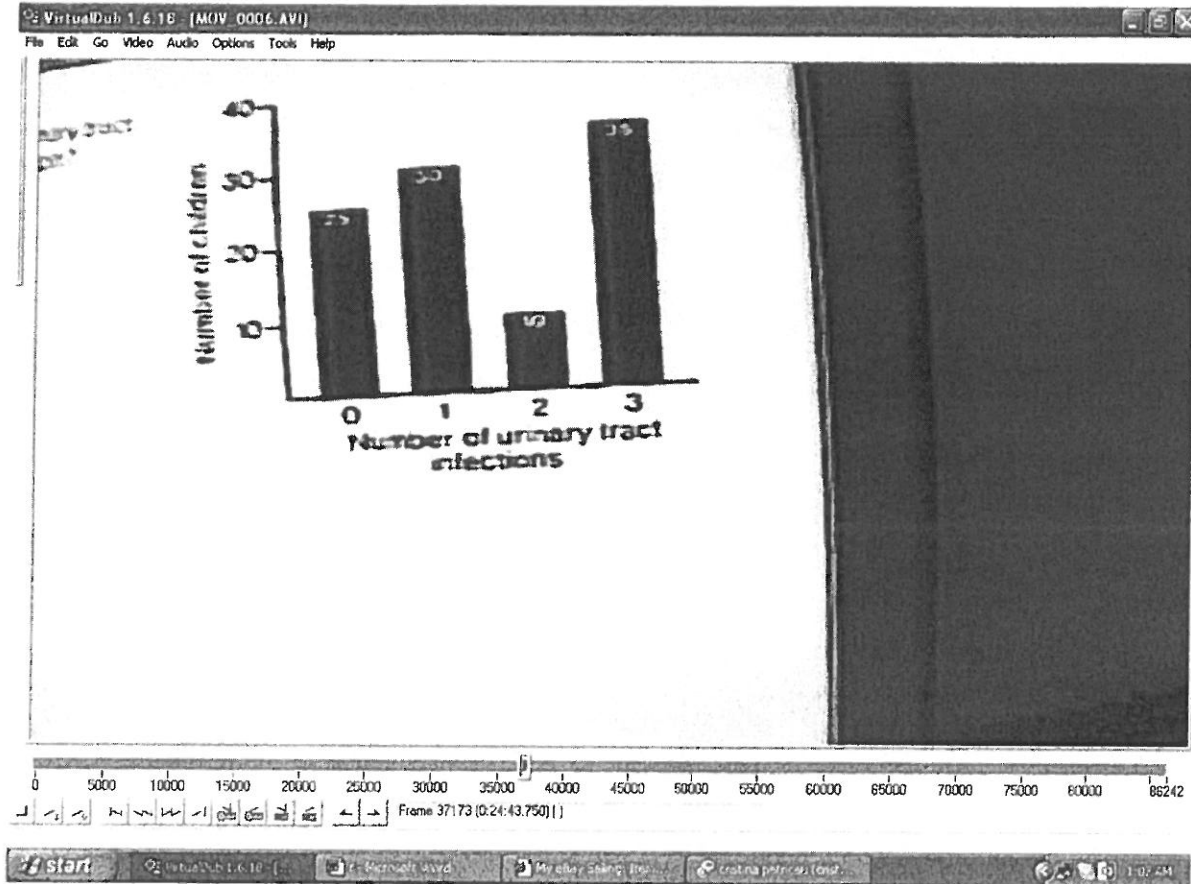
- A- Autosomal dominant
- B- Autosomal recessive
- C- X-link dominant
- D- X-link recessive
- E- Multifactorial

Q-9-1-3 - Micro

A 56-year-old woman is brought to the emergency department by her husband because of fever and shortness of breath for 2 hours. Her husband says that she also had urinary frequency and pain with urination for 2 days. She is in respiratory distress. Her temperature is 38.7C (101.7F), pulse is 120/min, respirations are 30/min and blood pressure is 80/50mmHg.

Which of the following component of the causal organism is most likely the cause of the hypotension?

- A- Flagellar H antigen
- B- Lipopolysaccharide
- C- P-pilus



- A- 1
- B- 1:55
- C- 2:07
- D- Cannot be determined from this graph

Q-9-1-23

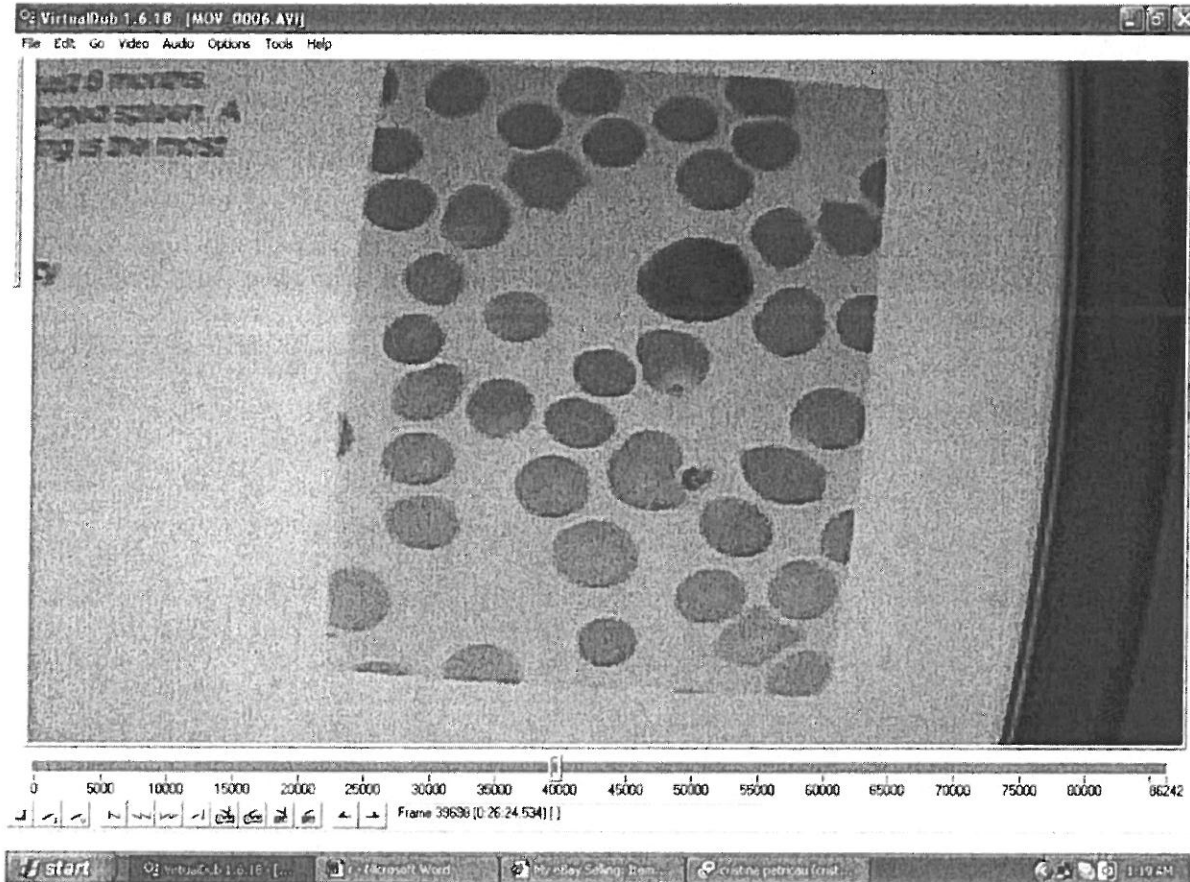
A 1 month-old girl is brought to the physician by her mother for a well-child examination. The mother says that her daughter has been irritable, cries frequently, and has had small, sporadic bowel movements since birth; she also has had intermittent vomiting. Pregnancy and delivery were uncomplicated. Cardiopulmonary examination shows no abnormalities. There is abdominal distention. Results of a barium swallow shows constriction of the second part of the duodenum.

Which of the following is the most likely diagnosis?

- A- Annular pancreas
- B- Diaphragmatic hernia
- C- Esophageal atresia
- D- Nonrotation of the gut
- E- Tracheoesophageal fistula

Q-9-1-24

A 5-year-old boy has had fatigue and pallor for the past 6 months. Examination shows pallor, jaundice, and a mildly enlarged spleen. A peripheral blood smear is shown.



Which of the following is the most likely diagnosis?

- A- Anemia of chronic disease
- B- Glucose 6-phosphate dehydrogenase deficiency
- C- Hereditary spherocytosis
- D- Iron deficiency anemia
- E- Thalassemia

Q-9-1-25

A 40-year-old man with ulcerative colitis comes to the physician with his wife because of a 1-month history of exacerbation of his condition. The patient has tried numerous medical therapies that have not resulted in the successful treatment of his disease. He has a history of mild anxiety and worries occasionally about germs and infections. The physician recommends a colectomy and explains the risks and benefits. The patient seems distressed by the thought of

EXHIBIT 4

MEDLEY MBG9512

1-3-13)

A 5 year old girl is brought to the physician because of a 4-day history of fever and rash, with crops of new lesions appearing successively. Her temperature is 40 C (104 F). A photograph of the rash is shown. Which of the following best explains the appearance of the lesions in crops?



- a) Breakdown of immune responses
- b) Loss of maternal antibodies
- c) Presence of slow- and of fast- growing viruses
- d) Reactivation of latent virus
- e) Repeated cycles of virus replication

Day Remaining 08:27:42
Block Remaining 03:59:29

Item: MBG9512 and of 428

▶ ◀ 🔍 🖨️ 📄

Lab Scan

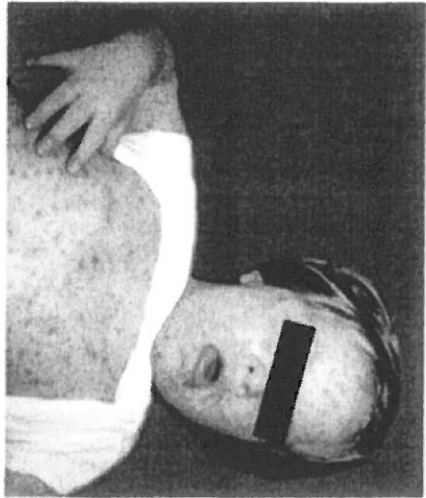
Auto

Q/C

MBF3647.1
MBF3657.1
MBF3734.1
MBF3780.1
MBF3787.1
MBF3872.1
MBF3882.1
MBF3912.1
MBF3919.1
MBF3959.1
MBF3988.1
MBF3999.1
MBF4031.1
MBF4102.1
MBF4103.1
MBF4154.1
MBF4183.1
MBF4290.1
MBF4319.1
MBF8101.1
MBF9959.1
MBF9980.1
MBG5530
MBG6854
MBG6961
MBG8604
MBG8614
MBG8643
MBG8733
MBG8739
MBG8758
MBG8865
MBG8890
MBG8971
MBG8996
MBG9077
MBG9082
MBG9146
MBG9190
MBG9354
MBG9419
MBG9445
MBG9449
MBG9470
MBG9493
MBG9512

A 5-year-old girl is brought to the physician because of a 4-day history of fever and rash, with crops of new lesions appearing successively. Her temperature is 40°C (104°F). A photograph of the rash is shown. Which of the following best explains the appearance of lesions in crops?

- ☐ A. Breakdown of immune responses
- ☐ B. Loss of maternal antibodies
- ☐ C. Presence of slow- and of fast-growing viruses
- ☐ D. Reactivation of latent virus
- ☐ E. Repeated cycles of virus replication

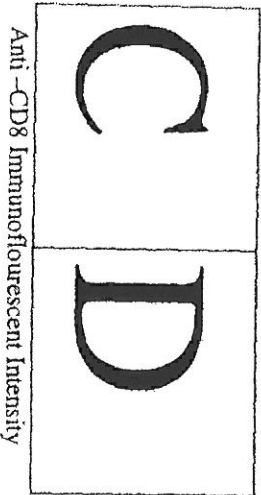
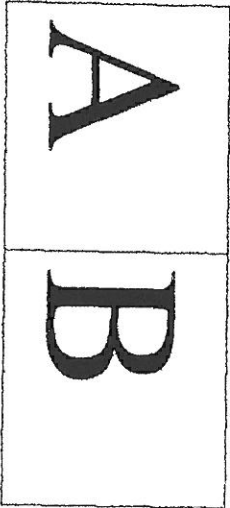


MEDLEY MBE4650

8-5-34)Immununo

Which of the following multi chain cell surface molecules, critical to immunological recognition, would be expressed on peripheral blood lymphocytes registering in quadrants A and D of the two dimensional flow cytometric histogram ?

Anti CD4 Immunoflourescent
Intensity on the Y axis



- a) CD3
- b) CD11b
- c) CD14
- d) CD19
- e) CD20

See chart

MBE7642.x
MBA7672.x
MBA7712.x
MBA7780.x
MBA7782.x
MBA7817.x
MBA7856.x
MBA7868.x
MBA7936.x
MBA80028.x
MBD4457.x
MBD9845.x
MBE0493.x
MBE0498.x
MBE1862.x
MBE1077.x
MBE1953.x
MBE2006.x
MBE2042.x
MBE2093.x
MBE3274.x
MBE3322.x
MBE3370.x
MBE3442.x
MBE3477.x
MBE3482.x
MBE3511.x
MBE3738.x
MBE3781.x
MBE3799.x
MBE3865.x
MBE3904.x
MBE3950.x
MBE4239.x
MBE4315.x
MBE4501.x
MBE4528.x
MBE4566.x
MBE4571.x
MBE4650.x
MBE4709.x
MBE4725.x
MBE4772.x
MBE4777.x
MBE4977.x
MBE5093.x

Which of the following multichain cell surface molecules, critical to immunological recognition, would be expressed on peripheral blood lymphocytes registering in quadrants A and D of the two-dimensional flow cytometric histogram shown?

☐ A. CD3
☐ B. CD11b
☐ C. CD14
☐ D. CD19
☐ E. CD20

Anti - CD4 fluorescence intensity	
A	B
C	D
Anti - CD8 fluorescence intensity	

Auto

U/V 23

MEDLEY MBL3529

An unimmunized 6-year-old boy is brought to the physician because of fever, cough, runny nose, and watery eyes for 36 hours. His temperature is 38.9 C (102 F), pulse is 74/min, respirations are 20/min, and blood pressure is 110/70 mm Hg. Physical examination shows a diffuse, erythematous macular rash. A photograph of the oral mucosa is shown. This disease could have been prevented by administration of which of the following types of vaccine?



- a) Attenuated
- b) Conjugate
- c) Inactivated
- d) Polysaccharide
- e) Recombinant

1-5-18)

A newborn has microcephaly, a petechial rash, evidence of retinitis, and hepatosplenomegaly. A virus is isolated from the newborn's urine. Which of the following is the most likely type of genome in this virus?

- a) Single-stranded DNA
- b) Double-stranded DNA

Day Remaining 06:27:39
Block Remaining 03:59:37

Item: MBL3529.xml of
509

Auto

0/1

MBL1916
MBL2371
MBL2435
MBL2500
MBL2830
MBL2842
MBL2890
MBL2996
MBL3024
MBL3317
MBL3378
MBL3392
MBL3408
MBL3433
MBL3454
MBL3505
MBL3529
MBL3530
MBL3532
MBL3553
MBL3629
MBL3964
MBL4047
MBL4076
MBL4093
MBL4120
MBL4182
MBL4282
MBL4294
MBL4335
MBL4338
MBL5198
MBL5232
MBL5288
MBL5516
MBL5616
MBL6382
MBL6385
MBL6404
MBL6440
MBL6453
MBL6468
MBL6477
MBL6778
MBL6782
MBL6783

An unimmunized 6-year-old boy is brought to the physician because of fever, cough, runny nose, and watery eyes for 36 hours. His temperature is 38.9°C (102°F), pulse is 74/min, respirations are 20/min, and blood pressure is 110/70 mm Hg. Physical examination shows a diffuse, erythematous macular rash. A photograph of the oral mucosa is shown. This disease could have been prevented by administration of which of the following types of vaccine?


☐ A. Attenuated

☐ B. Conjugate

☐ C. Inactivated

☐ D. Polysaccharide

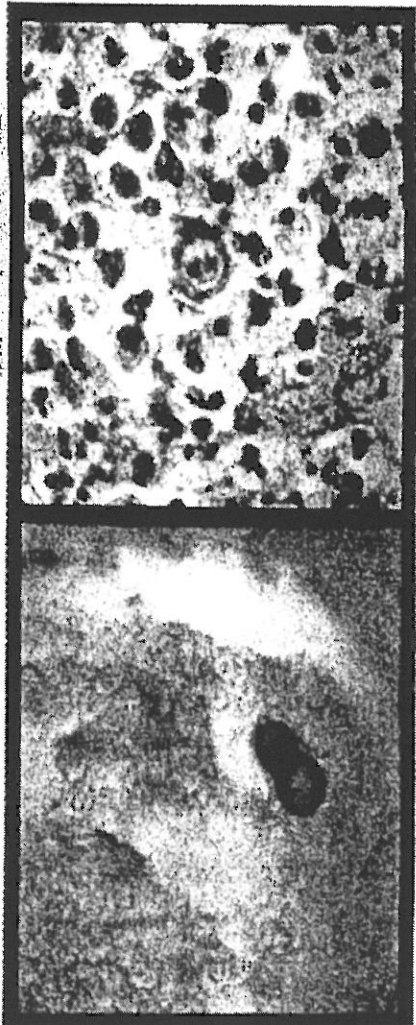
☐ E. Recombinant



MEDLEY MBE9241

1-7-22)

A 38-year-old woman comes to the physician of shortness of breath fever, and productive cough for the past 10 days. She lives in Alabama and has not traveled outside the state in the past year. Her temperature is 38.3 C (101 F) and her breathing is labored. Moist crackles are heard bilaterally on chest auscultation. An x-ray of the chest shows bilateral upper lobe infiltrates. A sputum culture grows normal bacterial flora. The photomicrograph show lung tissue obtained on open lung biopsy. Treatment with broad spectrum antibacterial agents does not provide significant improvement. Which of the following is the most likely causal organism?



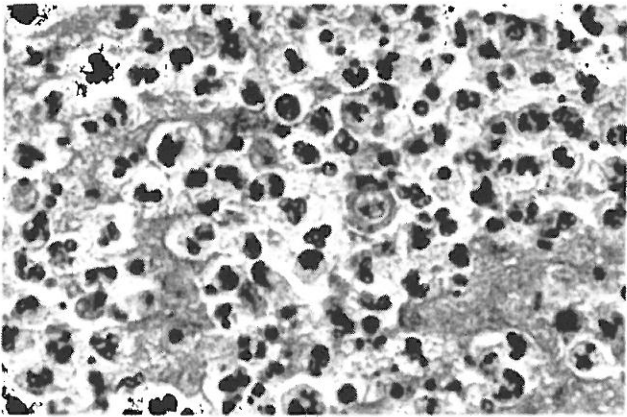
- a) *Blastomyces dermatitidis*
- b) *Coccidioides immitis*
- c) *Cryptococcus neoformans*
- d) *Histoplasma capsulatum*
- e) *Sporothrix schenckii*

MBE5716
MBE6374
MBE666C
MBE683C
MBE6834
MBE692C
MBE695E
MBE7012
MBE7052
MBE7094
MBE719C
MBE7454
MBE7551
MBE771C
MBE7847
MBE8071
MBE9224
MBE922E
MBE9241
MBE938E
MBE944E
MBE9487
MBE952E
MBE9571
MBE0006
MBE0224
MBE0280
MBE0309
MBE0420
MBE0529
MBE0578
MBE0634
MBE0955
MBE0988
MBE1088
MBE1319
MBE1362
MBE1378
MBE1856
MBE2197
MBE2356
MBE2459
MBE2591
MBE2662
MBE2790
MBE2809

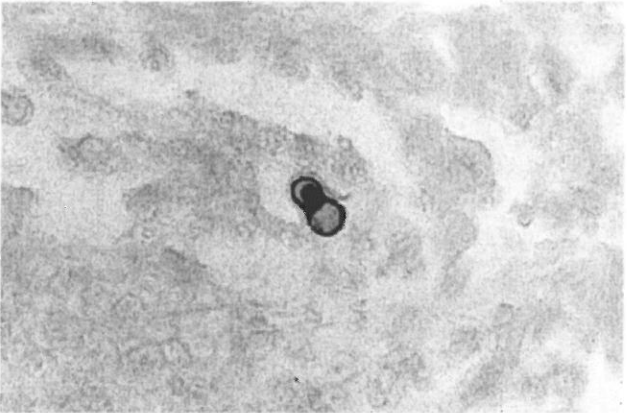
Day Remaining 08/26/28
Block Remaining 03/59/22

Item: MBE9241.xml of 525

Auto



**Hematoxylin & Eosin
(400x)**



**Methenamine Silver
(400x)**

A 38-year-old woman comes to the physician because of shortness of breath, fever, and productive cough for the past 10 days. She lives in Alabama and has not traveled outside the state in the past year. Her temperature is 38.3°C (101°F) and her breathing is labored. Moist crackles are heard bilaterally on chest auscultation. An x-ray of the chest shows bilateral upper lobe infiltrates. A sputum culture grows normal bacterial flora. The photomicrographs show lung tissue obtained on open lung biopsy. Treatment with broad-spectrum antibacterial agents does not provide significant improvement. Which of the following is the most likely causal organism?

☐ A. *Blastomyces dermatitidis*

☐ B. *Coccidioides immitis*

☐ C. *Cryptococcus neoformans*

☐ D. *Histoplasma capsulatum*

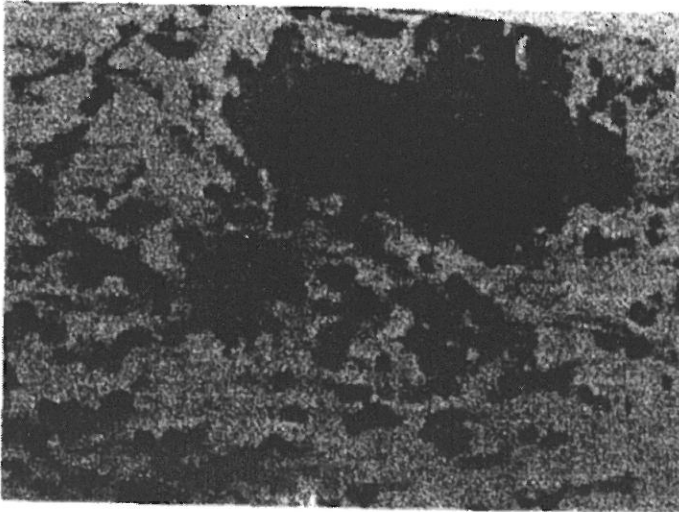
☐ E. *Sporothrix schenckii*

MEDLEY MAK5125

6-1-3)

A homeless 48-year-old man comes to the emergency department because of lesions on the right lateral chest wall that are draining pus with tiny yellow particles. He has had a fever and a progressive severe nonproductive cough and right-sided chest pain for 3 months. Gram stain of the pus is shown. X-ray of the

chest shows a large mass in the right lower lobe of the lung and a moderate pleural effusion on the right. Which of the following is the most likely causal organism?



- a) *Actinomyces israelii*
- b) *Entamoeba histolytica*
- c) *Histoplasma capsulatum*
- d) *Mycobacterium tuberculosis*
- e) *Pneumocystis jirovecii* (formerly *P. carinii*)

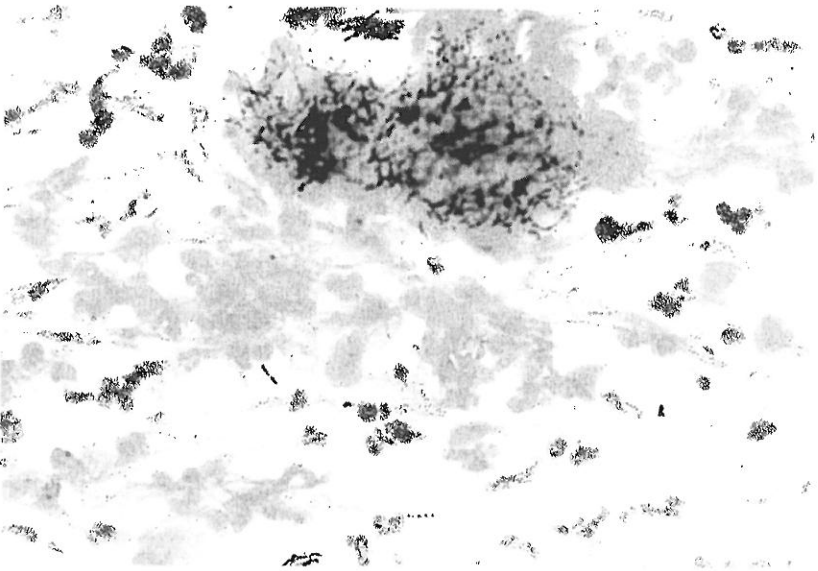
see picture

MAI3557
MAI3870
MAI4216
MAI8468
MAI9611
MAJ4597
MAJ4719
MAJ4806
MAJ4824
MAJ5192
MAJ5236
MAK4497
MAK5125
MAK5134
MAK737E
MAK7441
MAK7723
MAK791E
MAK8885
MAK8981
MAL1045
MAL7696
MAL8305
MAL8388
MAL8659
MAL8690
MAL9170
MAL9529
MAL9546
MAL9705
MAM030
MAM048
MAM049I
MAM064I
MAM088
MAM134
MAM162I
MAM312I
MAM313I
MAM336
MAM848I
MAM888
MAN450I
MAN595
MAN603I
MAN651I

Day Remaining 08:23:01
Item: MAK5125.xml of 525

A homeless 48-year-old man comes to the emergency department because of lesions on the right lateral chest wall that are draining pus with tiny yellow particles. He has had a fever and a progressively severe nonproductive cough and right-sided chest pain for 3 months. Gram stain of the pus is shown. X-ray of the chest shows a large mass in the right lower lobe of the lung and a moderate pleural effusion on the right. Which of the following is the most likely causal organism?

- ☐ A. *Actinomyces israelii*
- ☐ B. *Entamoeba histolytica*
- ☐ C. *Histoplasma capsulatum*
- ☐ D. *Mycobacterium tuberculosis*
- ☐ E. *Pneumocystis jiroveci* (formerly *P. carinii*)



Auto
0/1

MEDLEY MBJ1810

l-6-4)

During a genome project, an experimental animal is found to have a DNA sequence with similarities to a growth hormone receptor. Which of the following peptide segments shown is the transmembrane segment?

A

Ala Leu His Asp Asn Tyr Lys Pro Glu Phe Tyr Asn Asp Asp Ser Trp Val Glu Phe Glu

Leu Thr Glu Glu Ser Asp Glu Tyr Glu Leu Asp His Gln Lys Ser Leu Gly Ala Lys Asp

B

Asp Asp Ser Gly Arg Thr Ser Cys Gly Cys Glu Ala Cys Thr Ser Leu Cys Ala Glu Leu

C

Lys His Ala Ser Lys Gly Ser Thr Arg His Thr Gly Gln Ala Asn Arg Arg Lys His Leu

D

Asp Tyr Asn Asp Asp Glu Ile Asp Lys Asp Asp Thr Asp Glu Thr Glu Glu Ser Asp Thr

E

Leu Val Leu Ile Phe Gly Met Ile Gly Val Val Ile Val Val Leu Leu Val Leu Ile Phe

Gly Asp Glu Lys Leu Ala Leu Leu Asp Asp Gln Pro Glu Ser Ser Leu Thr Ala Ala Ala Gly

F

Lys Ser Gly Leu Ala Glu Gln Arg Leu Ser Cys Glu Thr Ser Ile Pro Lys Asp Tyr Thr Ser
Ile Phe Leu Tyr

Pick one: a,b,c,d,e,f

MBJ1094
MBJ1174
MBJ1254
MBJ1343
MBJ1359
MBJ1452
MBJ1585
MBJ1607
MBJ1613
MBJ1626
MBJ1787
MBJ1789
MBJ1802
MBJ1810
MBJ1828
MBJ1867
MBJ1907
MBJ1910
MBJ1914
MBJ1942
MBJ2010
MBJ2028
MBJ2093
MBJ2094
MBJ2164
MBJ2284
MBJ2294
MBJ2320
MBJ2392
MBJ2449
MBJ2501
MBJ2506
MBJ2596
MBJ2600
MBJ2706
MBJ2775
MBJ2969
MBJ2989
MBJ3047
MBJ3063
MBJ3076
MBJ3156
MBJ3169
MBJ3171
MBJ3175
MBJ3219

During a genome project, an experimental animal is found to have a DNA sequence with similarities to a growth hormone receptor. Which of the following peptide segments shown is the transmembrane segment?

A

Ala Leu His Asp Asn Tyr Lys Pro Glu Phe Tyr Asn Asp Asp Ser Trp Val Glu Phe Glu

B

Leu Thr Glu Glu Ser Asp Glu Tyr Glu Leu Asp His Gln Lys Ser Leu Gly Ala Lys Asp

C

Asp Asp Ser Gly Arg Thr Ser Cys Gly Cys Glu Ala Cys Thr Ser Leu Cys Ala Glu Leu

D

Lys His Ala Ser Lys Gly Ser Thr Arg His Thr Gly Gln Ala Asn Arg Arg Lys His Leu

E

Asp Tyr Asn Asp Asp Glu Ile Asp Ile Asp Asp Thr Asp Glu Thr Glu Glu Ser Asp Thr

F

Leu Val Leu Ile Phe Gly Met Ile Gly Val Val Ile Val Val Leu Leu Val Leu Leu Ile Phe

G

Gly Asp Glu Lys Leu Ala Leu Leu Asp Gln Pro Glu Ser Ser Leu Thr Ala Ala Ala Gly

H

Lys Ser Gly Leu Ala Glu Gln Arg Leu Ser Cys Glu Thr Ser Ile Pro Lys Asp Tyr Thr Ser

I

Ile Phe Leu Tyr

MEDLEY MAF8140

The child whose eyes are shown has had multiple long bone fractures throughout his life. He has hearing loss but his vision is normal. Which of the following is the underlying basis of this disorder?



- a) Deficiency of ceruloplasmin
- b) Deficiency homogenistic acid oxidase
- c) Deficiency of hypoxanthine guanine phosphoribosyltransferase
- d) A single amino acid substitution in procollagen
- e) Structurally abnormal fibrillin
- f) Thymidine dimers in digests of DNA

Day Remaining 06:29:29
Block Remaining 03:59:52

Item: MAF8140.xml of 525

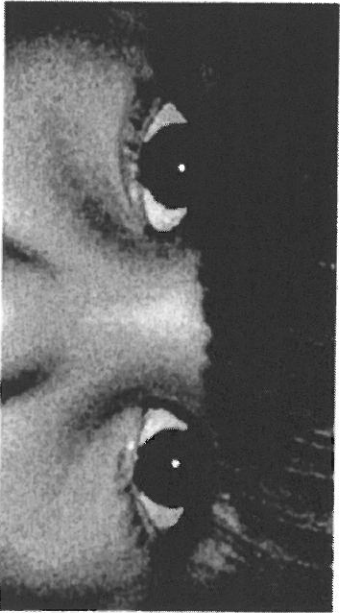
▶◀✓✎LabStem

Auto

11/11

The child whose eyes are shown has had multiple long bone fractures throughout his life. He has hearing loss but his vision is normal. Which of the following is the underlying basis of this disorder?

- ☐ A. Deficiency of ceruloplasmin
- ☐ B. Deficiency of homogentisic acid oxidase
- ☐ C. Deficiency of hypoxanthine guanine phosphoribosyltransferase
- ☐ D. A single amino acid substitution in procollagen
- ☐ E. Structurally abnormal fibrillin
- ☐ F. Thymidine dimers in digests of DNA



MAF2459
MAF2645
MAF3541
MAF3756
MAF5024
MAF5771
MAF6036
MAF6207
MAF6241
MAF6260
MAF7058
MAF7563
MAF8065
MAF8140
MAF9830
MAG004
MAG0691
MAG1088
MAG1101
MAG1288
MAG1554
MAG1551
MAG1621
MAG1638
MAG1671
MAG1976
MAG5711
MAG6144
MAG6271
MAG6361
MAG6631
MAG6768
MAG8978
MAG9071
MAH0138
MAH1558
MAH1349
MAH1693
MAH1715
MAH1768
MAH2104
MAH2401
MAH3437
MAH3486
MAH3513
MAH3595

MEDLEY MAN7330

2-7-36) MOLEC BIO

An 8-year-old boy has had these painless lesions on his knees and elbows for 1 year. He most likely has defect involving which of the following?



- a) Anchoring filaments
- b) Glutelin metabolism
- c) LDL receptors
- d) Porphyrin metabolism
- e) Pyrimidine dimer repair enzymes

MAL8765.xm
MAL9055.xm
MAL9059.xm
MAL9133.xm
MAL9150.xm
MAL9513.xm
MAL9537.xm
MAM0259.xm
MAM0274.xm
MAM0399.xm
MAM0449.xm
MAM0483.xm
MAM0508.xm
MAM1084.xm
MAM1121.xm
MAM1336.xm
MAM1575.xm
MAM2122.xm
MAM2171.xm
MAM2722.xm
MAM3110.xm
MAM3203.xm
MAM3321.xm
MAM3333.xm
MAM3376.xm
MAM6201.xm
MAM8341.xm
MAM8521.xm
MAM8540.xm
MAM8580.xm
MAM8580.xm
MAM8715.xm
MAM8727.xm
MAM8840.xm
MAM8941.xm
MAM9201.xm
MAM9294.xm
MAM9321.xm
MAN4499.xm
MAN5773.xm
MAN5795.xm
MAN6181.xm
MAN6261.xm
MAN6545.xm
MAN6673.xm
MAN7330.xm

< >

Day Remaining: 08:28:58
Block Remaining: 03:59:22

Item: MAN7330.xml of 450

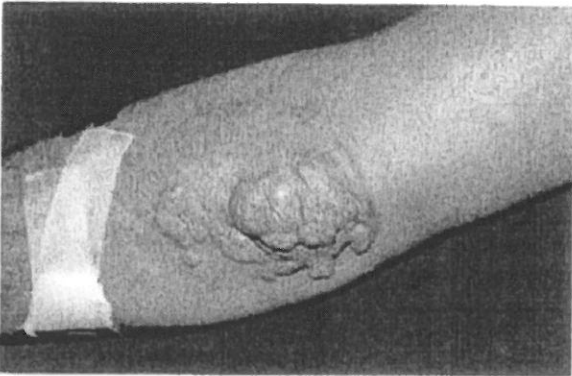
▶ ◀ ✓ ✎ Lab Stem

Auto

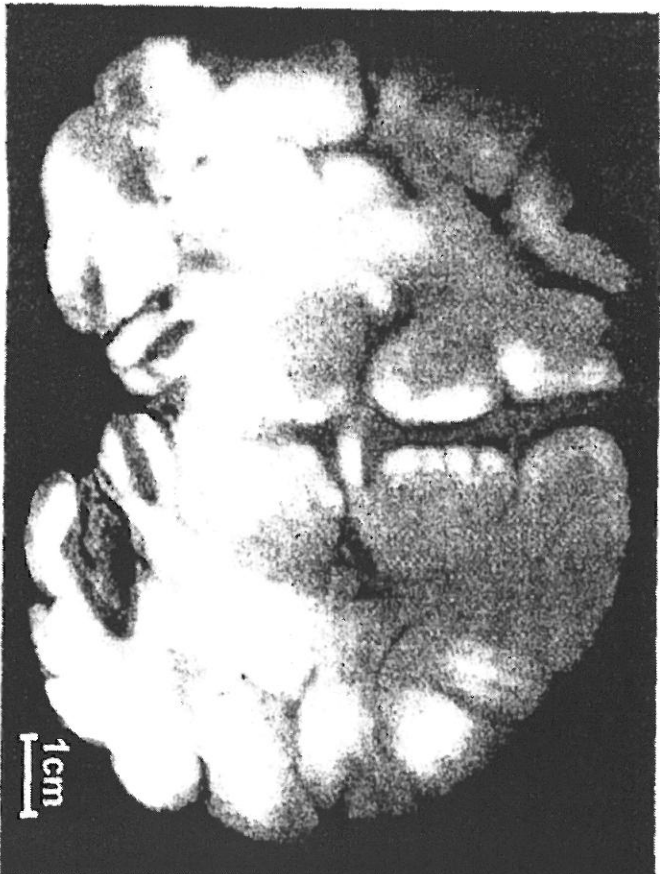
Q/C

An 8-year-old boy has had these painless lesions on his knees and elbows for 1 year. He most likely has a defect involving which of the following?

- ☐ A. Anchoring filaments
- ☐ B. Gluten metabolism
- ☐ C. LDL receptors
- ☐ D. Porphyrin metabolism
- ☐ E. Pyrimidine dimer repair enzymes



MEDLEY MBF3734



1-6-17)

A photograph of the brain of a 5-day-old newborn obtained at autopsy is shown. Which of the following is most closely associated with this abnormality?

- a) Chromosomal defects
- b) Congenital cardiac malformations
- c) Metabolic storage disorder
- d) Perinatal anoxia
- e) Unconjugated hyperbilirubinemia

Day Remaining 08:28:47
Block Remaining 03:59:21

Item: MBF3734.xml of
525



Lab

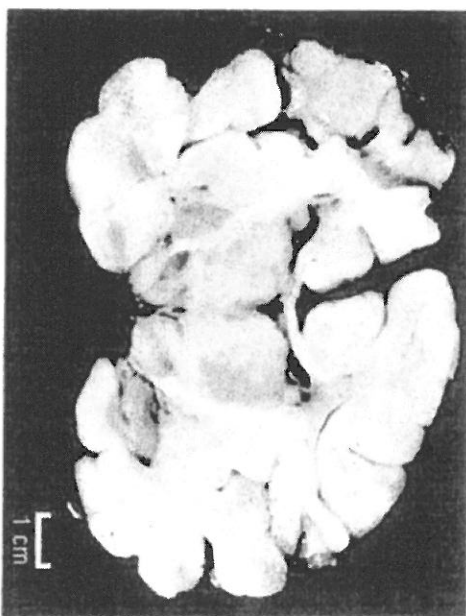
Stem
Options

Auto



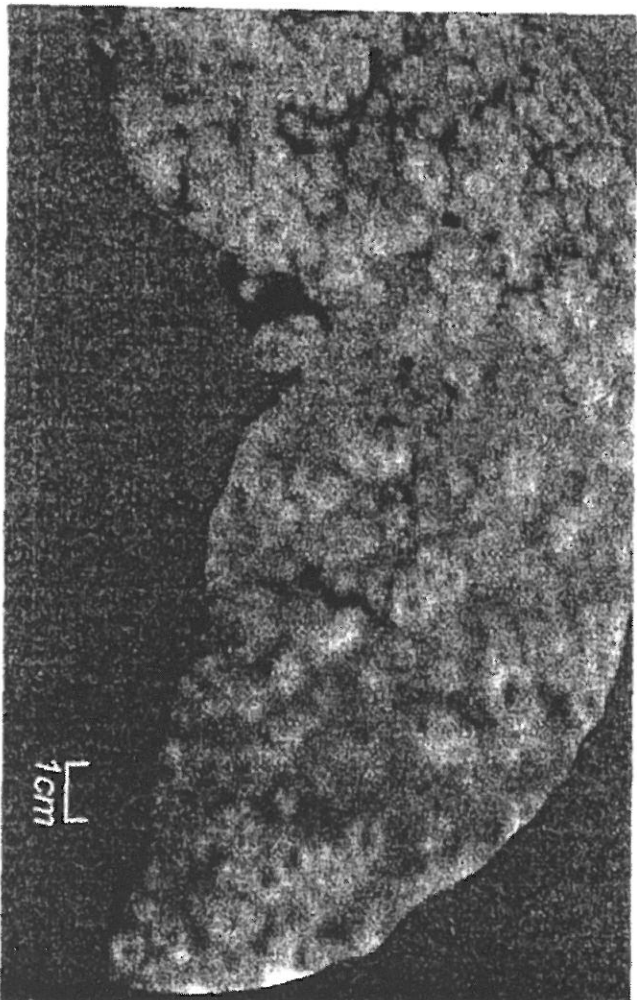
A photograph of the brain of a 5-day-old newborn obtained at autopsy is shown. Which of the following is most closely associated with this abnormality?

- ☐ A. Chromosomal defects
- ☐ B. Congenital cardiac malformations
- ☐ C. Metabolic storage disorder
- ☐ D. Perinatal anoxia
- ☐ E. Unconjugated hyperbilirubinemia



MBE7551
MBE771C
MBE7847
MBE8071
MBE9224
MBE9225
MBE9241
MBE938E
MBE944E
MBE9487
MBE952E
MBE9571
MBF0006
MBF0224
MBF0286
MBF0309
MBF0420
MBF0529
MBF0578
MBF0634
MBF0955
MBF0988
MBF1088
MBF1319
MBF1362
MBF1378
MBF1850
MBF2197
MBF2350
MBF2459
MBF2591
MBF2662
MBF2790
MBF2809
MBF2836
MBF2864
MBF2866
MBF2999
MBF3041
MBF3425
MBF3427
MBF3577
MBF3647
MBF3671
MBF3730
MBF3734

MEDLEY MBD6233



5-7-13)

The specimen shown from a 65-year-old man. Which of the following is the most likely diagnosis?

- a) Acute leukemia
- b) Colonic carcinoma
- c) Hepatic cell carcinoma
- d) Leiomyosarcoma
- e) Liposarcoma

see picture

Day Remaining 08:29:25
Block Remaining 03:59:47

Item: MB06233.xml of
525

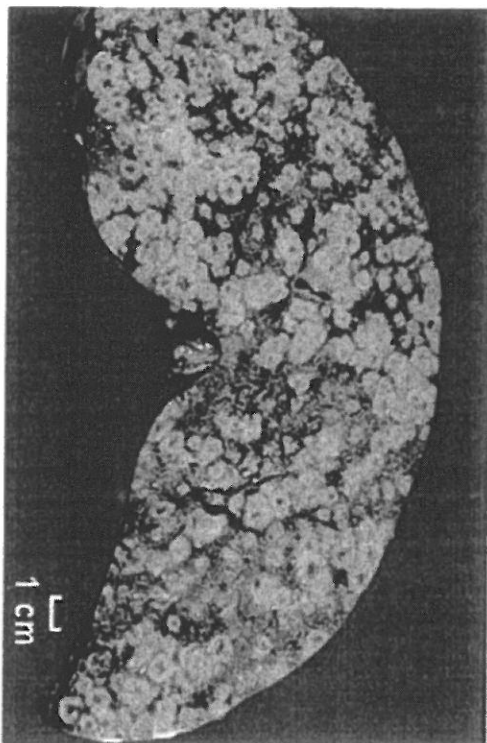


Auto



The specimen shown is from a 65-year-old man. Which
of the following is the most likely diagnosis?

- ☐ A. Acute leukemia
- ☐ B. Colonic carcinoma
- ☐ C. Hepatic cell carcinoma
- ☐ D. Leiomyosarcoma
- ☐ E. Liposarcoma



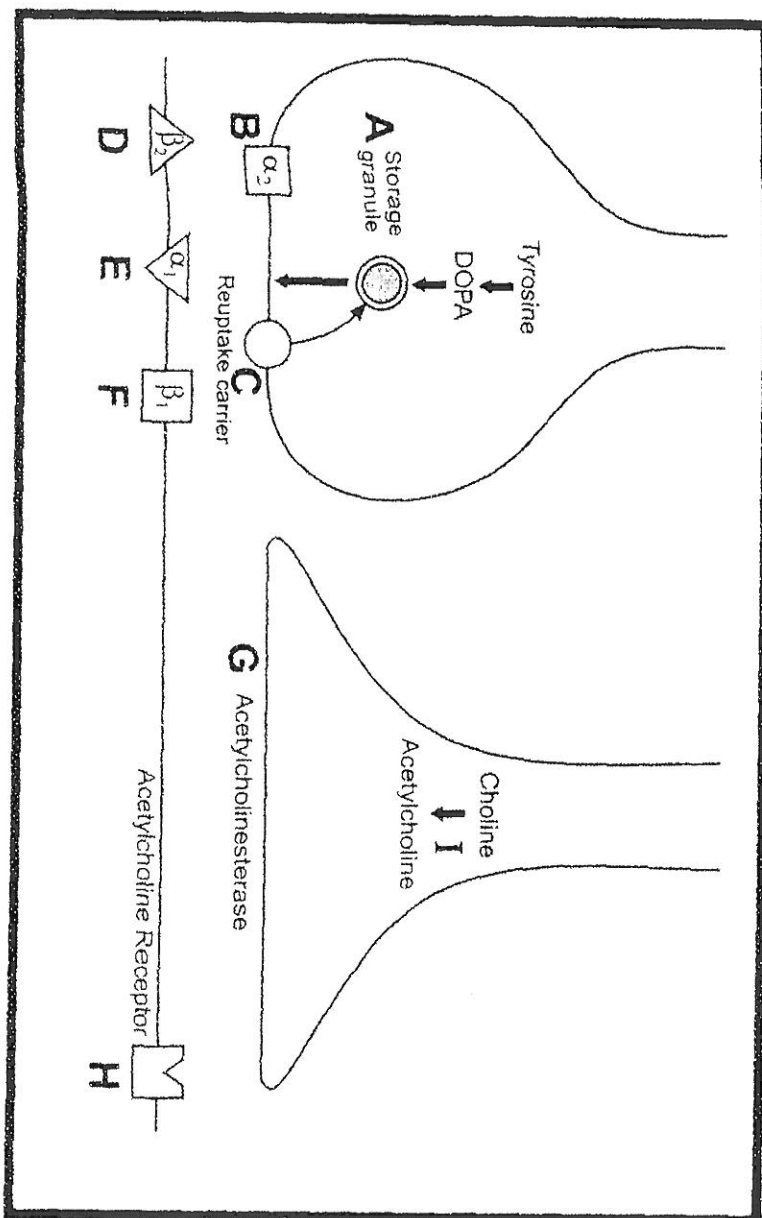
MB07823
MB07831
MB07847
MB07881
MB07894
MB07895
MB08147
MB08007
MB08077
MB01378
MB06233
MB00071
MB01975
MB01990
MB02102
MB03305
MB03330
MB03346
MB03575
MB03586
MB03796
MB03895
MB03975
MB04290
MB04535
MB04637
MB04635
MB04761
MB05009
MB05053
MB05116
MB05136
MB05256
MB05276
MB05617
MB05984
MB06417
MB06616
MB06926
MB07024
MB07114
MB07207
MB07214
MB07420
MB07467
MB07536

MEDLEY MBP6419

4-2-4)

Which of the following labelled sites in the diagram of an adrenergic and cholinergic nerve innervating an end-organ is the principal site of action of Carbachol?

- A-
- B-
- C-
- D-
- E-
- F-
- G-
- H-



MBP5062
MBP5085
MBP5131
MBP5166
MBP5426
MBP5461
MBP5466
MBP5752
MBP5755
MBP5782
MBP5824
MBP5835
MBP6192
MBP6415
MBP7353
MBP7463
MBP7554
MBP7575
MBP7591
MBP7646
MBP7673
MBP7685
MBP7695
MBP7724
MBP7733
MBP7747
MBP7796
MBP7801
MBP7812
MBP7814
MBP786C
MBP7864
MBP864C
MBR0219
MBR028C
MBR028C
MBR0313
MBR0325
MBR0339
MBR0404
MBR0423
MBR0468
MBR0916
MBR1036
MBR105C
MBR1076

Item MBP6419 xof of
504

Auto

Which of the following labeled sites shown in the diagram of an adrenergic and cholinergic nerve innervating an end-organ is the principal site of action of carbachol?

A. Storage granule
B. α_2
C. Reuptake carrier
D. β_2
E. α_1
F. β_1
G. Acetylcholinesterase
H. Muscarinic receptor

☐ A.
 ☐ B.
 ☐ C.
 ☐ D.
 ☐ E.
 ☐ F.
 ☐ G.
 ☐ H.
 ☐ I.

EXHIBIT 5

2008 USMLE CBT Practice

File Edit View Favorites Tools Help

Back

Forward

Search

Folders

Address

E:\Optima-EXT1\F\UW(step-2)\2008 USMLE CBT Practice

File and Folder Tasks

Make a new folder

Publish this folder to the Web

Share this folder

Other Places

UW(step-2)

My Documents

My Computer

My Network Places

Details

2008 USMLE CBT Practice

File Folder

Date Modified: Yesterday, March 05, 2009, 5:18 PM

Name

Size

Type

Date Modified

Duration

Dimensions

readme.txt

1 KB

Shortcut

03/05/2009 5:18 PM

Go

1 objects

407 bytes

My Computer

National Board of Medical Examiners - Netscape

Exam Section 3: Item 1 of 50
Mark

National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment

Time Remaining:
3 hr 59 min 39 sec

1. An obese 82-year-old woman with a 20-year history of type 2 diabetes mellitus has been taking glyburide orally for the past 5 years. Metformin is added to her regimen. Because she is taking metformin, she is at increased risk for which of the following?

- ☐ A) Diabetic ketoacidosis
- ☐ B) Lactic acidosis
- ☐ C) Metabolic alkalosis
- ☐ D) Renal tubular acidosis
- ☐ E) Respiratory alkalosis

Next

Lab Values Review Help Pause

start

National Board of Medical Examiners - Netscape

Exam Section 3: Item 2 of 50
Mark

National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment

Time Remaining:
3 hr 59 min 32 sec

2. A 4-year-old boy has had constipation and painful defecation since birth. Impacted fecal matter is palpable in the lower abdomen. Examination of tissue obtained on biopsy of the rectum shows absence of cells of the myenteric plexus. The most likely cause is a defect in which of the following developmental events?

- ☐ A) Alar plate maturation
- ☐ B) Anterior neuropore closure
- ☐ C) Neural crest migration
- ☐ D) Paravertebral ganglion formation
- ☐ E) Posterior neuropore closure
- ☐ F) Recanalization of the bowel

Previous Next

Lab Values Review Help Pause

start

National Board of Medical Examiners - Netscape

Exam Section 3: Item 3 of 50
■ Mark

National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment

Time Remaining:
3 hr 59 min 29 sec

3. A 72-year-old man has difficulty initiating urination. Digital rectal examination shows an enlarged, firm prostate. An assay for serum prostate-specific antigen is 3.5 µg/L (reference range = 0–5). Examination of tissue obtained on biopsy of the prostate is most likely to show

- ☐ A) adenocarcinoma
- ☐ B) chronic prostatitis
- ☐ C) epithelial dysplasia
- ☐ D) glandular hyperplasia
- ☐ E) leiomyoma

Previous Next Lab Values Review Help Pause

start 3 Netscape Document3 - Microsof... 3:36 PM

National Board of Medical Examiners - Netscape

Exam Section 3: Item 4 of 50
■ Mark

National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment

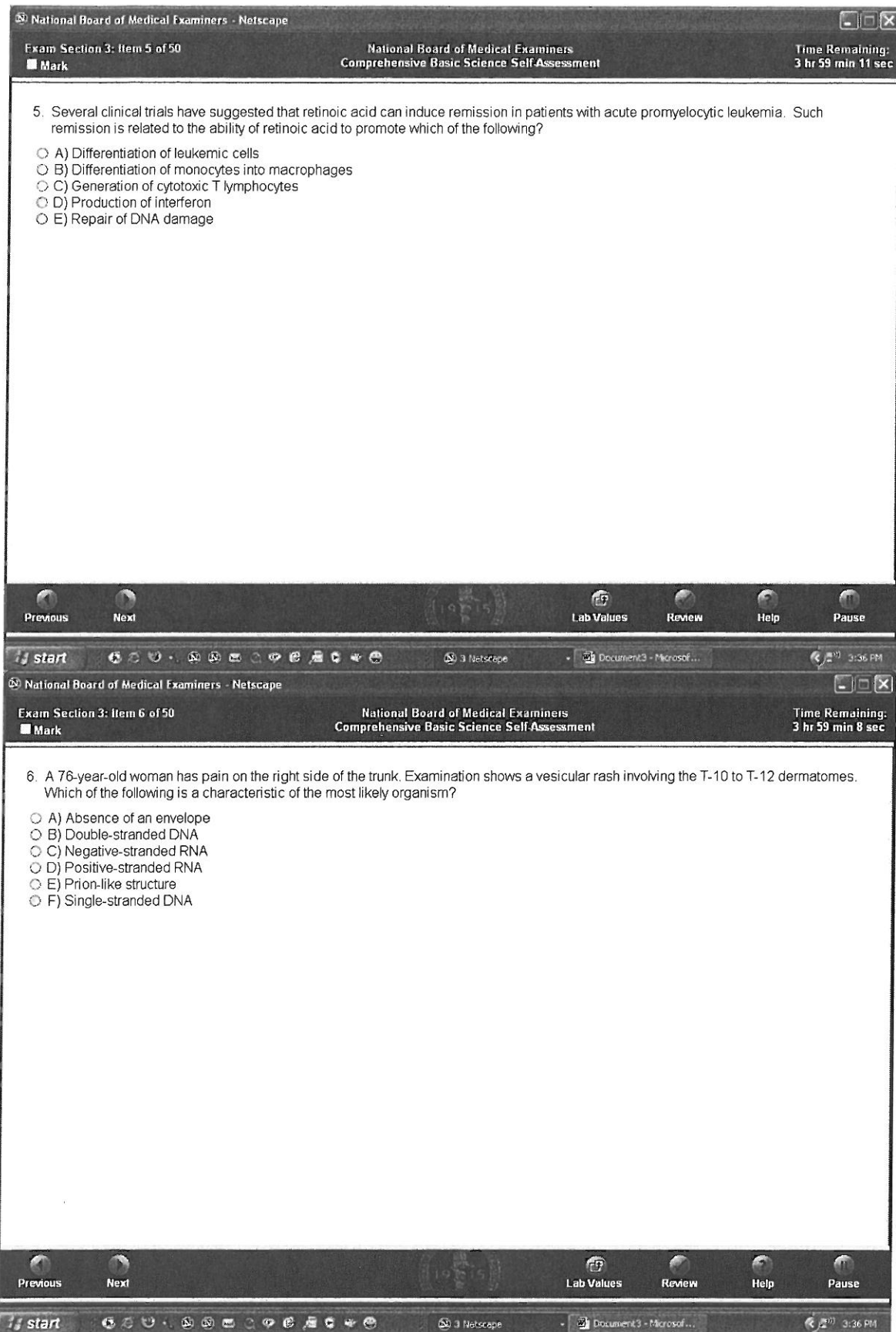
Time Remaining:
3 hr 59 min 17 sec

4. Four months after a cholecystectomy for removal of gallstones, a 43-year-old woman has recurrent episodes of biliary colic. After endoscopic sphincterotomy, the episodes of colic do not recur. Which of the following defects in the sphincter of Oddi best explains this patient's course?

- ☐ A) Inability of smooth muscle to contract
- ☐ B) Inability of the enteric nervous system to activate excitatory motoneurons
- ☐ C) Loss of enteric inhibitory motor innervation
- ☐ D) Reflux of duodenal contents into the common bile duct
- ☐ E) Release of vasoactive intestinal polypeptide

Previous Next Lab Values Review Help Pause

start 3 Netscape Document43 - Microsof... 3:36 PM



National Board of Medical Examiners - Netscape

Exam Section 3: Item 7 of 50
■ Mark

National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment

Time Remaining:
3 hr 59 min 3 sec

7. Sudden withdrawal from which of the following substances is most likely to produce a life-threatening syndrome in a person dependent on that substance?

- ☐ A) Amphetamine
- ☐ B) Cocaine
- ☐ C) Heroin
- ☐ D) Methylphenidate
- ☐ E) Secobarbital

Previous Next

Lab Values Review Help Pause

start

National Board of Medical Examiners - Netscape

Exam Section 3: Item 8 of 50
■ Mark

National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment

Time Remaining:
3 hr 58 min 59 sec

8. A 2-year-old child has a hemorrhage in the lower gastrointestinal tract. A Meckel's diverticulum is surgically resected. What kind of ectopic tissue is most likely to be present in the diverticulum?

- ☐ A) Biliary
- ☐ B) Colonic
- ☐ C) Duodenal
- ☐ D) Gastric
- ☐ E) Splenic

Previous Next

Lab Values Review Help Pause

start

National Board of Medical Examiners - Netscape

Exam Section 3: Item 9 of 50

Mark

National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment

Time Remaining:

9. A 74-year-old man has a cough. On auscultation of the right posterior chest, the patient's spoken "ee" sounds more like "ay." Which of the following conditions on the right is most likely?

- ☐ A) Bronchopleural fistula
- ☐ B) Lower lobe consolidation
- ☐ C) Middle lobe atelectasis
- ☐ D) Pleural effusion
- ☐ E) Pleural plaque
- ☐ F) Pneumothorax
- ☐ G) Sequestration

Previous Next Lab Values Review Help Pause

National Board of Medical Examiners - Netscape

Exam Section 3: Item 10 of 50

Mark

National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment

Time Remaining:

10. A 50-year-old woman with a history of hypertension suddenly develops a severe headache and collapses while shopping. She is intubated and mechanical ventilation is started because of irregular respirations. A CT scan of the head shows a massive intracerebral hemorrhage with blood extending into the ventricles and subarachnoid space. The following morning she is unresponsive to all stimuli. Her pupils are fixed and dilated, oculocephalic reflexes are absent, and she has no spontaneous respirations. An EEG confirms electrocerebral inactivity. Which of the following best describes her level of neurologic functioning?

- ☐ A) Brain death
- ☐ B) Cataplexy
- ☐ C) Limbic encephalopathy
- ☐ D) Persistent vegetative state

Previous Next Lab Values Review Help Pause

EXHIBIT 6

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

RT

TXu 1-256-037



EFFECTIVE DATE OF REGISTRATION

9 13 05
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 1 (2005)

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial, give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

a National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▼ USA
Domiciled in ▼ Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No

Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

Co-Author of entire text

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

b

NAME OF AUTHOR ▼

Federation of State Medical Boards of the United States, Inc.

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▼ USA
Domiciled in ▼ Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No

Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

Co-Author of entire text

c

NAME OF AUTHOR ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▼
Domiciled in ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No

Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

3

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2005 Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published. Month ▼ Day ▼ Year ▼ Nation ▼

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc.,
400 Fuller Wiser Rd., Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

APPLICATION RECEIVED

SEP 13 2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

SEP 13 2005

FUNDS RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

MORE ON BACK ▶

• Complete all applicable spaces (numbers 3-4) on the reverse side of this page
• See detailed instructions
• Sign the form at line 5

DO NOT WRITE HERE

Page 1 of 2 pages

EXAMINED BY <u>MW</u>	FORM TX
CHECKED BY _____	
<input type="checkbox"/> CORRESPONDENCE	FOR
<input type="checkbox"/> Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes" why is another registration being sought? (Check appropriate box) ▾

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work, as shown by space 8 on this application

If your answer is "Yes," give Previous Registration Number ▸

Year of Registration ▸

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▾

Previously published test items including pictorial material from test item pool Pictorial material owned by others used with permission

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▾

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material

Compilation of pictorial material

a 6

See instructions before completing this space

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account. Name ▾ Account Number ▾

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▾

Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

Area code and daytime telephone number ▸ (215) 590-9648

Fax number ▸ (215) 590-9433

Email ▸ kcotton@nbme.org

b

CERTIFICATION¹⁷ I, the undersigned, hereby certify that I am the

Check only one ▸

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of NBME and FSMB

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Name of author or other copyright claimant or owner of exclusive right(s) ▴

8

Typed or printed name and date ▾ If this application gives a date of publication in space 3, do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ▸ 8/9/05

Handwritten signature (X) ▾

X Kenneth E Cotton

Certificate will be mailed in window envelope to this address

Name ▾
Kenneth E Cotton
National Board of Medical Examiners
Number/Street/Apt ▾
3750 Market Street
City/State/ZIP ▾
Philadelphia, PA 19104

• Complete all necessary spaces
• Sign your application in space 9

1 Application form

2 International filing fee in check or money order payable to Register of Copyrights

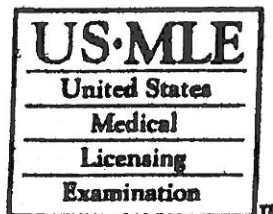
3 Deposit material

Library of Congress
Copyright Office
101 Independence Avenue, S E
Washington, D C 20540-6000

9

As of July 1, 1990, the filing fee for Form TX is \$30

Delivered by Computer



*A Joint Program of
the Federation of State Medical Boards of the United States, Inc.
and the National Board of Medical Examiners®*

Step 1 Examination Pool

For Administration Beginning: June 1, 2005

10, 144 Items (including associated pictorial items)

Copyright © 1990 -2005 by the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners® as to all content and test materials. All rights reserved.

This examination contains test materials that are owned and copyrighted by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners. Any reproduction of these materials or any part of them, through any means, including, but not limited to, copying, or printing of electronic files, reconstruction through memorization, and/or dictation, and/or dissemination of these materials or any part of them is strictly prohibited.

The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, *United States Code*, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

Registration Number:

TX 6-845-880

Effective date of
registration:

August 29, 2007

Title

Title of Work: United States Medical Licensing Examination Step 1 Examination Pool (2007)

Completion/ Publication

Year of Completion: 2007

Date of 1st Publication: June 1, 2007

Nation of 1st Publication: United States

Author

■ **Author:** National Board of Medical Examiners

Author Created: Co-Author of entire text

Work made for hire: Yes

Citizen of: United States

Domiciled in: Pennsylvania

Anonymous: No

Pseudonymous: No

■ **Author:** Federation of State Medical Boards of the United States, Inc.

Author Created: Co-Author of entire text

Work made for hire: Yes

Citizen of: United States

Domiciled in: Texas

Anonymous: No

Pseudonymous: No

Copyright claimant

Copyright Claimant: National Board of Medical Examiners (NBME)

3750 Market St., Phila., PA, 19104

Copyright Claimant: Federation of State Medical Boards of the United States Inc. (FSMB)

400 Fuller Wiser Rd., Euless, TX, 76039

USMLE
COPYRIGHT
2007

Limitation of copyright claim _____

Material excluded from this claim: Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

Previously registered: No

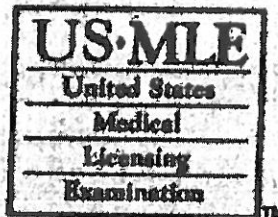
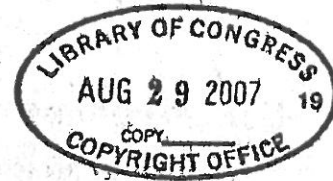
New material included in claim: Newly authored test items, compilation, editorial selectivity, and revision of preexisting material. Compilation of pictorial material.

Certification _____

Name: Kenneth E. Cotton

Date: August 27, 2007

Delivered by Computer



*A Joint Program of
the Federation of State Medical Boards of the United States, Inc.
and the National Board of Medical Examiners*

Step 1 Examination Pool

For Administration Beginning: June 1, 2007

16,962 Items (including associated pictorial items)

)

Copyright © 1990-2007 by the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners® as to all content and test materials. All rights reserved.

This examination contains test materials that are owned and copyrighted by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners. Any reproduction of these materials or any part of them, through any means, including, but not limited to, copying, or printing of electronic files, reconstruction through memorization, and/or dictation, and/or dissemination of these materials or any part of them is strictly prohibited.

The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters
Register of Copyrights, United States of America

FORM TX

For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 1-192-927



EFFECTIVE DATE OF REGISTRATION

SEP 09 2004

Month Day Year

RATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 2 Examination Pool (For Administration Beginning August 6, 2004)

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial or collection, give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a
'work made for hire'?

☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ► USA
Domiciled in ► Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes" see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼
Co-Author of entire text

NAME OF AUTHOR ▼

Federation of State Medical Boards of the United States, Inc

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a
'work made for hire'?

☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ► USA
Domiciled in ► Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes" see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼
Co-Author of entire text

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a
'work made for hire'?

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes" see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

3

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2004

This information must be given in all cases

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published

Month ► Day ► Year ►

Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc.,
400 Fuller Wiser Rd., Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

APPLICATION RECEIVED
SEP 09 2004

ONE DEPOSIT RECEIVED

SEP 09 2004

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

See instructions before completing this space

MORE ON BACK ►

Complete all applicable spaces (numbers 5-9) on the reverse side of this page
See detailed instructions Sign the form at line 8

DO NOT WRITE HERE

Page 1 of _____ pages

EXAMINED BY	<u>DBW</u>	FORM TX
CHECKED BY		
<input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> Yes		FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work already been made in the Copyright Office?

☐ Yes ☒ No If your answer is Yes, why is another registration being sought? (Check appropriate box) ▼

a ☐ This is the first published edition of a work previously registered in unpublished form.

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work, as shown by space 6 on this application

If your answer is Yes give Previous Registration Number ▶

Year of Registration ▶

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

Previously published test items including pictorial material from test item pool Pictorial material owned by others used with permission

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▼

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material

Compilation of pictorial material

a 6

See instructions before completing this space

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

Kenneth E Cotton

National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

Area code and daytime telephone number ▶ (215) 590-9648

Fax number ▶ (215) 590-9433

Email ▶ kcotton@nbme.org

b

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ▶

- ☐ author
- ☐ other copyright claimant
- ☐ owner of exclusive right(s)
- ☒ authorized agent of NBME and FSMB

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ▶

9/8/04

Handwritten signature (X) ▼

X

Kenneth E Cotton

Certificate will be mailed in window envelope to this address

Name ▼
Kenneth E Cotton
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

YOU MUST:

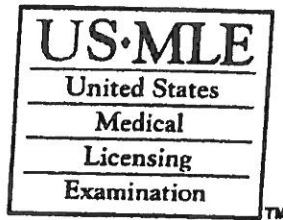
- Complete all necessary spaces
- Sign your application in space 8

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:

- 1 Application form
 - 2 Nonrefundable filing fee in check or money order As of July 1, 1999
 - 3 Deposit material
- MAIL TO:
Library of Congress
Copyright Office
101 Independence Avenue S E
Washington D C 20559 8000
- the filing fee for Form TX is \$30

9

Delivered by Computer



*A Joint Program of
the Federation of State Medical Boards of the United States, Inc.
and the National Board of Medical Examiners®*

Step 2 Examination Pool

For Administration Beginning: August 6, 2004

11,381 Items (including associated pictorial items)

Copyright © 1990 - 2004 by the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners® as to all content and test materials. All rights reserved.

This examination contains test materials that are owned and copyrighted by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners. Any reproduction of these materials or any part of them, through any means, including, but not limited to, copying, or printing of electronic files, reconstruction through memorization, and/or dictation, and/or dissemination of these materials or any part of them is strictly prohibited.

The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX

For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 1-256-036



EFFECTIVE DATE OF REGISTRATION

9 13 05
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 2 (2005)

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial or collection, give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

a

NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR { Citizen of ► USA
Domiciled in ► Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP

Co-Author of entire text

Briefly describe nature of material created by this author in which copyright is claimed ▼

NAME OF AUTHOR ▼

Federation of State Medical Boards of the United States, Inc

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR { Citizen of ► USA
Domiciled in ► Eulesa, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP

Co-Author of entire text

Briefly describe nature of material created by this author in which copyright is claimed ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP

Briefly describe nature of material created by this author in which copyright is claimed ▼

NOTE

Under the law, the "author" of a work made for hire is generally the employer not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part and leave the space for dates of birth and death blank

b

c

3

a

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2005 Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published Month ► Day ► Year ► Nation

4

COPYRIGHT CLAIMANT(S) Names and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners, 3750 Market St, Phila, PA 19104 (NBME) & Federation of State Medical Boards of the United States Inc, 400 Fuller Wiser Rd, Eulesa, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

APPLICATION RECEIVED

SEP 13 2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

SEP 13 2005

FUNDS RECEIVED

DO NOT WRITE HERE OFFICE USE ONLY

MORE ON BACK ►

• Complete all applicable spaces (numbers 3-6) on the reverse side of this page
• See detailed instructions
• Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 2 pages

EXAMINED BY <u>MW</u>	FORM TX
CHECKED BY _____	
<input type="checkbox"/> CORRESPONDENCE	FOR
Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▾

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes" give Previous Registration Number ▸

Year of Registration ▸

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▾

Previously published test items including pictorial material from test item pool Pictorial material owned by others used with permission

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▾

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material

Compilation of pictorial material

a 6

See instructions before completing this space

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account. Name ▾ Account Number ▾

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt./City/State/ZIP ▾

Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

b

Area code and daytime telephone number ▸ (215) 590-9648

Fax number ▸ (215) 590-9433

Email ▸ kcotton@nbme.org

CERTIFICATION* I, the undersigned hereby certify that I am the

Check only one ▸

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of NBME and FSMB

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Name of author or other copyright claimant, or owner of exclusive right(s) ▾

8

Typed or printed name and date ▾ If this application gives a date of publication in space 3 do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ▸

8/9/05

Handwritten signature (X) ▾

X

Kenneth E Cotton

Certificate will be mailed in window envelope to this address

Name ▾
Kenneth E Cotton
National Board of Medical Examiners
Number/Street/Apt ▾
3750 Market Street
City/State/ZIP ▾
Philadelphia, PA 19104

Complete all necessary spaces
• Sign your application in space 8

1 Application form

2 Non-refundable filing fee in check or money order payable to Registrar of Copyrights

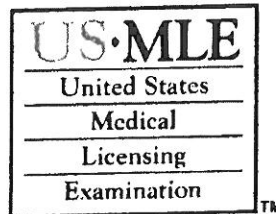
3 Deposit material

Library of Congress
Copyright Office
101 Independence Avenue, S E
Washington, D C 20540-0000

9

As of July 1, 1993, the filing fee for Form TX is \$30

Delivered by Computer



*A Joint Program of
the Federation of State Medical Boards of the United States, Inc.
and the National Board of Medical Examiners®*

Step 2 Examination Pool

For Administration Beginning: August 15, 2005

9690 Items (including associated pictorial items)

Copyright © 1990 -2005 by the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners® as to all content and test materials. All rights reserved.

This examination contains test materials that are owned and copyrighted by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners. Any reproduction of these materials or any part of them, through any means, including, but not limited to, copying, or printing of electronic files, reconstruction through memorization, and/or dictation, and/or dissemination of these materials or any part of them is strictly prohibited.

The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TX 6-468-136



EFFECTIVE DATE OF REGISTRATION

NOV 3 0 2006

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 2

(2006)

PREVIOUS OR ALTERNATIVE TITLES ▼
N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR Citizen of ▼ USA
Domiciled in ▼ Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼
Co-Author of entire text.

NAME OF AUTHOR ▼

Federation of State Medical Boards of the United States, Inc.

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR Citizen of ▼ USA
Domiciled in ▼ Eulless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼
Co-Author of entire text.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR Citizen of ▼
Domiciled in ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

3

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED
2006

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
Month ▼ August Day ▼ 15 Year ▼ 2006

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc.,
400 Puller Wiser Rd., Eulless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED NOV 3 0 2006

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK ► • Complete all applicable spaces (numbers 6-9) on the reverse side of this page.
• See detailed instructions. • Sign the form at line 8.

DO NOT WRITE HERE
Page 1 of 2 pages

EXAMINED BY <u>JS</u>	FORM TX
CHECKED BY _____	
<input type="checkbox"/> CORRESPONDENCE	FOR
<input type="checkbox"/> Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▽

a. ☐ This is the first published edition of a work previously registered in unpublished form.

b. ☐ This is the first application submitted by this author as copyright claimant.

c. ☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▸

Year of Registration ▸

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▽

Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▽

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material.

Compilation of pictorial material.

a 6

See instructions before completing this space.

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account. Name ▽ Account Number ▽

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt./City/State/ZIP ▽

Kenneth E. Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

Area code and daytime telephone number ▸ (215) 590-9648

Fax number ▸ (215) 590-9433

Email ▸ kcotton@nbme.org

b

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▸

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▽

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

8

Typed or printed name and date ▽ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Kenneth E. Cotton, Secretary of the Board

Date ▸ 11/28/06

Handwritten signature (X) ▽



X Kenneth E. Cotton

Certificate will be mailed in window envelope to this address:

Name ▽
Kenneth E. Cotton
National Board of Medical Examiners
Number/Street/Apt. ▽
3750 Market Street
City/State/ZIP ▽
Philadelphia, PA 19104

• Complete all necessary spaces
• Sign your application in space 6

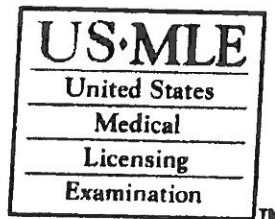
1. Application form
2. Nonrefundable filing fee in cash or money order payable to Registrar of Copyrights
3. Deposit material

Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20540-0000

As of July 1, 1995, the filing fee for Form TX is \$35.

9

Delivered by Computer



*A Joint Program of
the Federation of State Medical Boards of the United States, Inc.
and the National Board of Medical Examiners®*

Step 2 Examination Pool

For Administration Beginning: August 15, 2006

11,713 Items (including associated pictorial items)

Copyright © 1990-2006 by the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners® as to all content and test materials. All rights reserved.

This examination contains test materials that are owned and copyrighted by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners. Any reproduction of these materials or any part of them, through any means, including, but not limited to, copying, or printing of electronic files, reconstruction through memorization, and/or dictation, and/or dissemination of these materials or any part of them is strictly prohibited.

The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, *United States Code*, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

Registration Number:

TX 6-845-857

**Effective date of
registration:**

August 29, 2007

Title

Title of Work: United States Medical Licensing Examination Step 2 Examination Pool (2007)

Completion/ Publication

Year of Completion: 2007

Date of 1st Publication: August 3, 2007

Nation of 1st Publication: United States

Author

■ **Author:** National Board of Medical Examiners

Author Created: Co-Author of entire text.

Work made for hire: Yes

Citizen of: United States

Domiciled in: Pennsylvania

Anonymous: No

Pseudonymous: No

■ **Author:** Federation of State Medical Boards of the United States, Inc.

Author Created: Co-Author of entire text.

Work made for hire: Yes

Citizen of: United States

Domiciled in: Texas

Anonymous: No

Pseudonymous: No

Copyright claimant

Copyright Claimant: National Board of Medical Examiners (NBME)

3750 Market St., Philadelphia, PA, 19104

Copyright Claimant: Federation of State Medical Boards of the United States Inc. (FSMB)

400 Fuller Wiser Rd., Euless, TX, 76039

Limitation of copyright claim _____

Material excluded from this claim: Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

Previously registered: No

New material included in claim: Newly authored test items, compilation, editorial selectivity, and revision of preexisting material. Compilation of pictorial material.

Certification _____

Name: Kenneth E. Cotton

Date: August 27, 2007

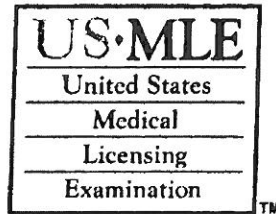
IPN#:

Registration #: TX0006845857

Service Request #: 1-8427102

National Board of Medical Examiners
Kenneth E. Cotton
3750 Market Street
Philadelphia, PA 19104

Delivered by Computer



*A Joint Program of
the Federation of State Medical Boards of the United States, Inc.
and the National Board of Medical Examiners®*

Step 2 Examination Pool

For Administration Beginning: August 3, 2007

13,185 Items (including associated pictorial items)

Copyright © 1990-2007 by the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners® as to all content and test materials. All rights reserved.

This examination contains test materials that are owned and copyrighted by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners. Any reproduction of these materials or any part of them, through any means, including, but not limited to, copying, or printing of electronic files, reconstruction through memorization, and/or dictation, and/or dissemination of these materials or any part of them is strictly prohibited.

The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX

For a Non-dramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

RE

TX 8-419-276



EFFECTIVE DATE OF REGISTRATION

AUG 1 0 2006

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK

United States Medical Licensing Examination

Step 1

(2006)

PREVIOUS OR ALTERNATIVE TITLES

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work

N/A

If published in a periodical or serial give: Volume Number Issue Date On Pages

2

a

NAME OF AUTHOR

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born

N/A

Year Died

N/A

Was this contribution to the work a "work made for hire"?

☒ Yes

☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

Citizen of USA

Domiciled in Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?

☐ Yes ☒ No

Pseudonymous?

☐ Yes ☒ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed.

Co-Author of entire text.

NAME OF AUTHOR

Federation of State Medical Boards of the United States, Inc.

DATES OF BIRTH AND DEATH

Year Born

N/A

Year Died

N/A

Was this contribution to the work a "work made for hire"?

☒ Yes

☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

Citizen of USA

Domiciled in Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?

☐ Yes ☒ No

Pseudonymous?

☐ Yes ☒ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed.

Co-Author of entire text.

NAME OF AUTHOR

DATES OF BIRTH AND DEATH

Year Born

Year Died

Was this contribution to the work a "work made for hire"?

☐ Yes

☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

Citizen of

Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?

☐ Yes ☐ No

Pseudonymous?

☐ Yes ☐ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed.

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

b

c

3

a

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2006

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Month

Day

Year

2006

USA

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104 (NBME) & Federation of State Medical Boards of the United States Inc., 400 Fuller Wiser Rd., Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.

APPLICATION RECEIVED

AUG 1 0 2006

ONE DEPOSIT RECEIVED


AUG 1 0 2006

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK • Complete all applicable spaces (numbers 5-9) on the reverse side of this page. • See detailed instructions. • Sign the form at the bottom.

DO NOT WRITE HERE
Page 1 of 1 pages

EXAMINED BY 	FORM TX
CHECKED BY	
<input type="checkbox"/> CORRESPONDENCE	FOR
Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▽

a. ☐ This is the first published edition of a work previously registered in unpublished form.

b. ☐ This is the first application submitted by this author as copyright claimant.

c. ☐ This is a changed version of the work, as shown by space 8 on this application.

If your answer is "Yes," give: Previous Registration Number ▸

Year of Registration ▸

5

DERIVATIVE WORK OR COMPILE

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▽

Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▽

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material.

Compilation of pictorial material.

a 6

See instructions before completing this space.

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account. Name ▽ Account Number ▽

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▽

Kenneth E. Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

Area code and daytime telephone number ▸ (215) 590-9648

Fax number ▸ (215) 590-9433

E-mail ▸ kcotton@nbme.org

b

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▸

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of NBME and FSMB

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Name of author or other copyright claimant, or owner of exclusive right(s) ▽

8

Typed or printed name and date ▽ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Kenneth E. Cotton, Secretary of the Board

Date ▸ 6/9/06

Handwritten signature (X) ▽



X Kenneth E. Cotton

Certificate will be mailed in window envelope to this address:

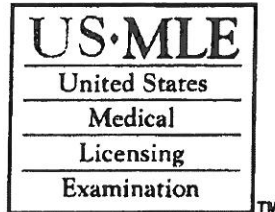
Name ▽
Kenneth E. Cotton
National Board of Medical Examiners
Number/Street/Apt ▽
3750 Market Street
City/State/ZIP ▽
Philadelphia, PA 19104

• Complete all necessary spaces
• Sign your application in space 8

1. Application form
2. Nonreturnable filing fee in check or money order As of July 1, 2009, the filing fee for Form TX is \$35.
3. Deposit material
Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20540-4009

9

Delivered by Computer



*A Joint Program of
the Federation of State Medical Boards of the United States, Inc.
and the National Board of Medical Examiners®*

Step 1 Examination Pool

For Administration Beginning: June 1, 2006

14,677 Items (including associated pictorial items)

Copyright © 1990-2006 by the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners® as to all content and test materials. All rights reserved.

This examination contains test materials that are owned and copyrighted by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners. Any reproduction of these materials or any part of them, through any means, including, but not limited to, copying, or printing of electronic files, reconstruction through memorization, and/or dictation, and/or dissemination of these materials or any part of them is strictly prohibited.

The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

REGISTRATION

TXu 1-256-031



Effective DATE OF REGISTRATION

9 13 05
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼
National Board of Medical Examiners
Comprehensive Clinical Medicine Self-Assessment (2005)

PREVIOUS OR ALTERNATIVE TITLES ▼
N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial, give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼
a National Board of Medical Examiners

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ► USA
Domiciled in ► Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

NATURE OF AUTHORSHIP Entire Text Briefly describe nature of material created by this author in which copyright is claimed ▼

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see Instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

NAME OF AUTHOR ▼
b

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

NAME OF AUTHOR ▼
c

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

3

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED
a 2005

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
b Complete this information ONLY if this work has been published. Month ► Day ► Year ► Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright ▼
N/A

APPLICATION RECEIVED
SEP 13 2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

SEP 13 2005
FUNDS RECEIVED

DO NOT WRITE HERE OFFICIAL USE ONLY

MORE ON BACK ▶ Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
See detailed instructions. Sign the form at line 8.

DO NOT WRITE HERE
Page 1 of 2 pages

EXAMINED BY <u>mm</u>	FORM TX
CHECKED BY _____	
<input type="checkbox"/> CORRESPONDENCE	FOR
Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▾

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes," give Previous Registration Number ▶

Year of Registration ▶

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▾

Previously published test items from test item pool

a 6

See instructions before completing this space

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▾

New compilation of preexisting material

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account Name ▾ Account Number ▾

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▾

Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

Area code and daytime telephone number ▶ (215) 590-9648

Fax number ▶ (215) 590-9433

Email ▶ kcotton@nbme.org

CERTIFICATION[®] I, the undersigned, hereby certify that I am the

Check only one ▶

- ☐ author
- ☐ other copyright claimant
- ☐ owner of exclusive right(s)
- ☒ authorized agent of

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

National Board of Medical Examiners

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

Typed or printed name and date ▾ If this application gives a date of publication in space 3 do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ▶ 8/9/05

Handwritten signature (X) ▾



X Kenneth E Cotton

Certificate will be mailed in window envelope to this address

Name ▾
Kenneth E Cotton
National Board of Medical Examiners
Number/Street/Apt ▾
3750 Market Street
City/State/ZIP ▾
Philadelphia, PA 19104

- Complete all necessary spaces
- Sign your application in space 8

1 Application form

2 Nonrefundable filing fee in check or money order payable to Register of Copyrights

3 Deposit material

Library of Congress
Copyright Office
101 Independence Avenue, S E
Washington, D.C. 20540-8000

9

As of July 1, 1998, the filing fee for Form TX is \$30

Delivered by Computer



Comprehensive Clinical Medicine Self-Assessment Examination Pool

For Administration Beginning: September 1, 2005

180 Items (including associated pictorial items)

Copyright © 2005 by the National Board of Medical Examiners®. All rights reserved.

The materials presented on the Comprehensive Clinical Medicine Self-Assessment are owned and copyrighted by the National Board of Medical Examiners. Any unauthorized reproduction of assessment materials, by any means, including but not limited to, storage in a retrieval system, transmission, printing, memorization, or distribution is strictly prohibited.

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 1-256-030



EFFECTIVE DATE OF REGISTRATION
9 13 05
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK

National Board of Medical Examiners
Comprehensive Clinical Science Self-Assessment CSCSA/00003 (2005)

PREVIOUS OR ALTERNATIVE TITLES

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared Title of Collective Work

N/A

If published in a periodical or serial give Volume Number Issue Date On Pages

2

a

NAME OF AUTHOR

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born N/A Year Died N/A

Was this contribution to the work a "work made for hire?"

☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

OR { Citizen of USA
Domiciled in Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed

Entire Text

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

b

NAME OF AUTHOR

Was this contribution to the work a "work made for hire?"

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

OR { Citizen of
Domiciled in

DATES OF BIRTH AND DEATH

Year Born Year Died

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed

NAME OF AUTHOR

Was this contribution to the work a "work made for hire?"

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

OR { Citizen of
Domiciled in

DATES OF BIRTH AND DEATH

Year Born Year Died

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed

3

a

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2005 Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published Month Day Year Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright

N/A

APPLICATION RECEIVED

SEP 13 2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

SEP 13 2005

FUNDS RECEIVED

MORE ON BACK

• Complete all applicable spaces (numbers 5-9) on the reverse side of this page
• See detailed instructions
• Sign the form at the 8

DO NOT WRITE HERE

Page 1 of 2 pages

EXAMINED BY <u>MW</u>	FORM TX
CHECKED BY _____	
<input type="checkbox"/> CORRESPONDENCE	FOR
Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes" why is another registration being sought? (Check appropriate box) ▼

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work, as shown by space f on this application

If your answer is "Yes" give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

Previously published test items from test item pool

a 6

See instructions before completing this space

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▼

New compilation of preexisting material

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

Area code and daytime telephone number ► (215) 590-9648

Fax number ► (215) 590-9433

Email ► kcotton@nbme.org

b

CERTIFICATION* I the undersigned hereby certify that I am the

Check only one ►

- ☐ author
- ☐ other copyright claimant
- ☐ owner of exclusive right(s)
- ☒ authorized agent of National Board of Medical Examiners

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ►

8/9/05

Handwritten signature (X) ▼



X Kenneth E Cotton

Certificate will be mailed in window envelope to this address.

Name ▼
Kenneth E Cotton
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

- Complete all necessary spaces
- Sign your application in space 8

SEND TO: REGISTER OF COPYRIGHTS

1 Application form

2 Nonrefundable filing fee in check or money order As of

payable to Register of Copyrights July 1,

3 Deposit material the

Library of Congress

Copyright Office

101 Independence Avenue S E

Washington, D C 20540-0000

9

the filing fee for Form TX is \$30

Delivered by Computer



**Comprehensive Clinical Science Self-Assessment
Examination Pool
(CSCSA/00003)**

For Administration Beginning: September 1, 2005

184 Items (including associated pictorial items)

Copyright © 2005 by the National Board of Medical Examiners®. All rights reserved.

The materials presented on the Comprehensive Clinical Science Self-Assessment are owned and copyrighted by the National Board of Medical Examiners. Any unauthorized reproduction of assessment materials, by any means, including but not limited to, storage in a retrieval system, transmission, printing, memorization, or distribution is strictly prohibited.

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX

For a Non-dramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 1-256-025



TX TXU
EFFECTIVE DATE OF REGISTRATION

9 13 05
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼
National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment BSCSA/0003 & BSCSA/00004 (2005)

PREVIOUS OR ALTERNATIVE TITLES ▼
N/A

PUBLICATION AS A CONTRIBUTION ▼ If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

a **NAME OF AUTHOR ▼**
National Board of Medical Examiners

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ► USA
Domiciled in ► Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No
If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼
Entire Text

NOTE

Under the law the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part and leave the space for dates of birth and death blank.

b **NAME OF AUTHOR ▼**

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No
If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

c **NAME OF AUTHOR ▼**

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No
If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

3

a **YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED**
2005
This information must be given in all cases

b **DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK**
Complete this information ONLY if this work has been published
Month ► Day ► Year ► Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright ▼
N/A

APPLICATION RECEIVED
SEP 13 2005
ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED
SEP 13 2005
FUNDS RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

MORE ON BACK ► • Complete all applicable spaces (numbers 5-8) on the reverse side of this page
• See detailed instructions • Sign the form at line 8

DO NOT WRITE HERE
Page 1 of 2 pages

EXAMINED BY <u>MW</u>	FORM TX
CHECKED BY _____	
<input type="checkbox"/> CORRESPONDENCE	FOR
Yes _____	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▾

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes," give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▾

Previously published test items from test item pool

a

6

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▾

New compilation of preexisting material

See instructions
before completing
this space

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account
Name ▾ Account Number ▾

National Board of Medical Examiners

DA037176

a

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▾

Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

b

Area code and daytime telephone number ► (215) 590-9648

Fax number ► (215) 590-9433

Email ► kcotton@nbme.org

CERTIFICATION* I the undersigned, hereby certify that I am the

Check only one ►

- ☐ author
- ☐ other copyright claimant
- ☐ owner of exclusive right(s)
- ☒ authorized agent of

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

National Board of Medical Examiners

Name of author or other copyright claimant, or owner of exclusive right(s) A

8

Typed or printed name and date ▾ If this application gives a date of publication in space 3, do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ► 8/9/05

Handwritten signature (X) ▾

X Kenneth E Cotton

Certificate
will be
mailed in
window
envelope
to this
address

Name ▾
Kenneth E Cotton
National Board of Medical Examiners
Number/Street/Apt ▾
3750 Market Street
City/State/ZIP ▾
Philadelphia, PA 19104

- Complete all necessary spaces
- Sign your application in space 6

1. Application form

2. Nonrefundable filing fee in check or money order payable to Registrar of Copyrights

3. Deposit material

Library of Congress

Copyright Office

101 Independence Avenue, S E

Washington, D C 20559-6000

9

As of
July 1,
1989,
the
filing
fee for
Form TX
is \$30

Delivered by Computer



**Comprehensive Basic Science Self-Assessment
Examination Pool**
BSCSA/00004

For Administration Beginning: September 1, 2005

200 Items (including associated pictorial items)

Copyright © 2005 by the National Board of Medical Examiners®. All rights reserved.

The materials presented on the Comprehensive Basic Science Self-Assessment are owned and copyrighted by the National Board of Medical Examiners. Any unauthorized reproduction of assessment materials, by any means, including but not limited to, storage in a retrieval system, transmission, printing, memorization, or distribution is strictly prohibited.



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 953-854
TXu000953954

Marybeth Peters

REGISTER OF COPYRIGHTS
United States of America

EFFECTIVE DATE OF REGISTRATION

Month 11 Day 16 Year 00

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 3 Examination

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR Citizen of USA
Domiciled in Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

NATURE OF AUTHORSHIP
Co-Author of entire text.

Briefly describe nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

Federation of State Medical Boards of the United States, Inc.

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR Citizen of USA
Domiciled in Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

NATURE OF AUTHORSHIP
Co-Author of entire text.

Briefly describe nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR Citizen of USA
Domiciled in Euless, TX

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

NATURE OF AUTHORSHIP
Co-Author of entire text.

Briefly describe nature of material created by this author in which copyright is claimed. ▼

3

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED
2000 Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
Complete this information ONLY if this work has been published. Month 11 Day 16 Year 2000 Nation USA

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc.,
400 Fuller Wiser Rd., Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK ▶ • Complete all applicable spaces (numbers 6-9) on the reverse side of this page.
• See detailed instructions • Sign the form at line 8.

DO NOT WRITE HERE
Page 1 of 4 pages

NOTE
Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

EXAMINED BY <u> </u>	FORM TX
CHECKED BY <u> </u>	
<input type="checkbox"/> CORRESPONDENCE	FOR
Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼a. ☐ This is the first published edition of a work previously registered in unpublished form.b. ☐ This is the first application submitted by this author as copyright claimantc. ☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▼

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material.

Compilation of pictorial material.

a

6

See instructions before completing this space.

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

National Board of Medical Examiners

DA037176

a

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

Alice J. Wooden Kelly

National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

b

Area code and daytime telephone number ► (215) 590-9535

Fax number ► (215) 590-9755

Email ► awoodenkelly@mail.nbme.org

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ►

☐ author☐ other copyright claimant☐ owner of exclusive right(s)☒ authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Alice J. Wooden Kelly, Director, Department of Administration

Date ► 1/14/00

Handwritten signature (X) ▼

X

Alice J. Wooden Kelly

Certificate will be mailed in window envelope to this address:

Name ▼

Alice J. Wooden Kelly

National Board of Medical Examiners

Number/Street/Apt ▼

3750 Market Street

City/State/ZIP ▼

Philadelphia, PA 19104

YOU MUST

- Complete all necessary spaces
- Sign your application in space 8

SEND ALL ELEMENTS IN THE SAME PACKAGE

1. Application form
2. Nonrefundable filing fee in check or money order As of July 1, 1999, the filing fee for Form TX is \$30.
3. Deposit material

MAIL TO
Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20540-6000

9

CONTINUATION SHEET FOR APPLICATION FORMS

- This Continuation Sheet is used in conjunction with Forms CA, PA, SE, SR, TX, and VA, only. Indicate which basic form you are continuing in the space in the upper right-hand corner.
- If at all possible, try to fit the information called for into the spaces provided on the basic form.
- If you do not have enough space for all the information you need to give on the basic form, use this Continuation Sheet and submit it with the basic form.
- If you submit this Continuation Sheet, clip (do not tape or staple) it to the basic form and fold the two together before submitting them.
- Space A of this sheet is intended to identify the basic application.
Space B is a continuation of Space 2 on the basic application. Space B is not applicable to Short forms.
Space C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, or 6 on the basic application or for the continuation of Space 1 on any of the three Short Forms PA, TX, or VA.



PA PAU SE SEG SEU SR SRU TX TXU VA VAU

EFFECTIVE DATE OF REGISTRATION

(Month) 11 (Day) 16 (Year) 00

CONTINUATION SHEET RECEIVED

NOV 16 2000

Page 3 of 9 pages

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on the basic form submitted for the following work:

- TITLE: (Give the title as given under the heading "Title of this Work" in Space 1 of the basic form.)

United States Medical Licensing Examination Step 3

- NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of the basic form or Space 2 of any of the Short Forms PA, TX, or VA.)

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104

A
Identification
of
Application

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

d

Was this contribution to the work a "work made for hire"?

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

e

Was this contribution to the work a "work made for hire"?

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

f

Was this contribution to the work a "work made for hire"?

☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

Use the reverse side of this sheet if you need more space for continuation of Spaces 1, 4, or 6 of the basic form or for the continuation of Space 1 on any of the Short Forms PA, TX, or VA.

CONTINUATION OF (Check which): ☒ Space 1 ☐ Space 4 ☐ Space 6

2 Books

Multiple Choice Question Component

Primum CCS Component

C

Continuation
of other
Spaces

Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼	Alice J. Wooden Kelly
	National Board of Medical Examiners
Number/Street/Apt ▼	3750 Market Street
City/State/ZIP ▼	Philadelphia, PA 19104

YOU MUST

- Complete all necessary spaces
- Sign your application

SEND ALL 3 ELEMENTS

- IN THE SAME PACKAGE**
1. Application form
 2. Nonrefundable fee in check or money order payable to Register of Copyrights
 3. Deposit Material

MAIL TO

Library of Congress, Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000

D

Fees are effective through June 30, 2002. After that date, check the Copyright Office Website at www.loc.gov/copyright or call (202) 707-3000 for current fee information.

CERTIFICATE OF REGISTRATION



OFFICIAL SEAL

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

REGISTER OF COPYRIGHTS
United States of America

FORM TX

For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu1-111-542



TXu01111542

EFFECTIVE DATE OF REGISTRATION

3 12 03

Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 3 Examination Pool and Primum CCS Component

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

National Board of Medical Examiners (NBME)

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR { Citizen of ► USA
Domiciled in ► Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes" see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

Co-Author of entire text

NAME OF AUTHOR ▼

Federation of State Medical Boards of the United States Inc (FSMB)

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR { Citizen of ► USA
Domiciled in ► Eulless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes" see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

Co-Author of entire text

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☒ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR { Citizen of ►
Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes" see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2002

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published Month ► Day ► Year ► Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners 3750 Market St Phila PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc
400 Fuller Wiser Rd Eulless TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

APPLICATION RECEIVED
MAR 12 2003
ONE DEPOSIT RECEIVED
MAR 12 2003
TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK ►

Complete all applicable spaces (numbers 5-9) on the reverse side of this page
See detailed instructions Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 2 pages

NOTE

Under the law the author of a work made for hire is generally the employer not the employee (see instructions). For any part of this work that was made for hire check Yes in the space provided give the employer (or other person for whom the work was prepared) as Author of that part and leave the space for dates of birth and death blank

4

See instructions before completing this space

EXAMINED BY <u>KE</u>	FORM TX
CHECKED BY _____	
<input type="checkbox"/> CORRESPONDENCE	FOR
<input type="checkbox"/> Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes" why is another registration being sought? (Check appropriate box) ▼

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work as shown by space 6 on this application

If your answer is Yes give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

Previously published test items including pictorial material from test item pool Pictorial material owned by others used with permission

Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed ▼

Newly authored test items compilation editorial selectivity and revision of preexisting material

Compilation of pictorial material

a 6

See instructions before completing this space.

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account.

Name ▼

Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

Janet D Carson

National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

b

Area code and daytime telephone number ► (215) 590 9548

Fax number ► (215) 590-9755

Email ► jcarson@nbme.org

CERTIFICATION* I the undersigned hereby certify that I am the

Check only one ►

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of NBME and FSMB

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Janet D Carson Secretary of the Board

Date ► 12/11/03

Handwritten signature (X) ▼

X Janet D Carson

Certificate will be mailed in window envelope to this address

Name ▼
Janet D Carson
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia PA 19104

Complete all necessary spaces
Sign your application in space 8

1 Application form
2 Nonrefundable filing fee in check or money order As of July 1 1999
3 Deposit material
the filing fee for Form TX is \$30
Library of Congress
Copyright Office
101 Independence Avenue S E
Washington D C 20540-6000

9



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters
REGISTER OF COPYRIGHTS
United States of America

REGISTRATION NUMBER

TX 5-021-440



EFFECTIVE DATE OF REGISTRATION
TX TXU
7 28 99
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

United States Medical Licensing Examination Step 3

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼

Number ▼

Issue Date ▼

On Pages ▼

NAME OF AUTHOR ▼

National Board of Medical Examiners

Was this contribution to the work a "work made for hire"? ☒ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

U.S.A.

OR

Citizen of

Philadelphia, PA

OR

Domiciled in

Philadelphia, PA

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ NoPseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Co-Author of entire text.

NAME OF AUTHOR ▼

Federation of State Medical Boards, Inc.

Was this contribution to the work a "work made for hire"? ☒ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

U.S.A.

OR

Citizen of

Eulless, TX

OR

Domiciled in

Eulless, TX

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ NoPseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Co-Author of entire text.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR

Citizen of

Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ NoPseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed. ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

1999

Year

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published.

Month

May

Day

11

Year

1999

U.S.A.

Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

National Board of Medical Examiners, 3750 Market St.
Philadelphia, PA 19104 (NBME)

Federation of State Medical Boards, Inc.

400 Fuller Wiser Road, Eulless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED

JUL 28 1999

ONE DEPOSIT RECEIVED

JUL 28 1999

TWO DEPOSITS RECEIVED

JUL 28 1999

REMITTANCE NUMBER AND DATE

MORE ON BACK ▶

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page.
• See detailed instructions.

• Sign the form at line 10.

DO NOT WRITE HERE

EXAMINED BY

FORM TX

CHECKED BY

☐ CORRESPONDENCE
Yes☐ DEPOSIT ACCOUNT.
FUNDS USEDFOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▾☐ This is the first published edition of a work previously registered in unpublished form.☐ This is the first application submitted by this author as copyright claimant.☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▾

Year of Registration ▾

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▾

Previously published test items including pictorial material from test item pool.

Pictorial material owned by others used with permission.

b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▾

Newly authored test items, pictorial material, compilation, editorial selectivity, and revision of preexisting material. Pictorial material owned by others used with permission.

MANUFACTURERS AND LOCATIONS If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.

Names of Manufacturers ▾

Places of Manufacture ▾

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS

A signature on this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a ☐ Copies and Phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▾

Account Number ▾

National Board of Medical Examiners

DA037176

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▾

Alice J. Wooden Kelly, National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

Area Code & Telephone Number ▾ (215) 590-9535

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check one ▸

☐ author☐ other copyright claimant☐ owner of exclusive right(s)☒ authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▾

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▾ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Alice J. Wooden Kelly, Director, Dept of Administration

date ▾ 7/27/1999

Handwritten signature (X) ▾

MAIL
CERTIFI-
CATE TOCertificate
will be
mailed in
window
envelope

Name ▾

Alice J. Wooden Kelly

Number/Street/Apartment Number ▾

National Board of Medical Examiners

City/State/ZIP ▾

3750 Market Street

Philadelphia PA 19104

Have you:

- Completed all necessary spaces?
- Signed your application in space 10?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559

- If at all possible, try to fit the information called for into the spaces provided on Form TX.
- If you do not have space enough for all of the information you need to give on Form TX, use this continuation sheet and submit it with Form TX.
- If you submit this continuation sheet, clip (do not tape or staple) it to Form TX and fold the two together before submitting them.
- **PART A** of this sheet is intended to identify the basic application. **PART B** is a continuation of Space 2. **PART C** (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, 6, or 7. The other spaces on Form TX call for specific items of information, and should not need continuation.

TX 5-021-440		
EFFECTIVE DATE OF REGISTRATION		
7	28	99
(Month)	(Day)	(Year)
CONTINUATION SHEET RECEIVED		
JUL 28 1999		
Page 3 of 4 pages		

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

A Identification of Application	IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on Form TX, submitte the following work:		
	<ul style="list-style-type: none"> • TITLE: (Give the title as given under the heading "Title of this Work" in Space 1 of Form TX.) United States Medical Licensing Examination Step 3 • NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of Form TX.) National Board of Medical Examiners, 3750 Market St., Phila., PA 19104 		
B Continuation of Space 2	<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)	DATES OF BIRTH AND DEATH: Born (Year) Died (Year) WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions "Yes," see detailed instructions attached.
	<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)	DATES OF BIRTH AND DEATH: Born (Year) Died (Year) WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions "Yes," see detailed instructions attached.
	<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)	DATES OF BIRTH AND DEATH: Born (Year) Died (Year) WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions "Yes," see detailed instructions attached.
	<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)	DATES OF BIRTH AND DEATH: Born (Year) Died (Year) WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions "Yes," see detailed instructions attached.
	<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)	DATES OF BIRTH AND DEATH: Born (Year) Died (Year) WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions "Yes," see detailed instructions attached.

Use the reverse side of this sheet if you need more space for:

- Further continuation of Space 2
- Continuation of Spaces 1, 4, 6, or 7 of Form TX

(B)

Continuation
of Space 2

<input type="checkbox"/> AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes ... No Pseudonymous? Yes ... No If the answer to either of these questions is "Yes," see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution)		
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No.		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
<input type="checkbox"/> AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes ... No Pseudonymous? Yes ... No If the answer to either of these questions is "Yes," see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution)		
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No.		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
<input type="checkbox"/> AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes ... No Pseudonymous? Yes ... No If the answer to either of these questions is "Yes," see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution)		
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No.		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)
<input type="checkbox"/> AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes ... No Pseudonymous? Yes ... No If the answer to either of these questions is "Yes," see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution)		

CONTINUATION OF (Check which): ☒ Space 1 ☐ Space 4 ☐ Space 6 ☐ Space 7

(C)

Continuation
of other
Spaces

88 Books:

A1, A2, A3, A4

B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15, B16

B17, B18, B19, B20, B21, B22, B23, B24, B25, B26, B27, B28, B29, B30,

B31, B32, B33, B34, B35, B36, B37, B38, B39, B40

C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12, C13, C14, C15, C16,

C17, C18, C19, C20, C21, C22, C23, C24, C25, C26, C27, C28, C29, C30,

C31, C32, C33, C34, C35, C36, C37, C38, C39, C40

D1, D2, D3, D4



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 928-261
12 17 99

EFFECTIVE DATE OF REGISTRATION

12 17 99
Month Day Year



REGISTER OF COPYRIGHTS
United States of America

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK

United States Medical Licensing Examination
Step 3 Examination

PREVIOUS OR ALTERNATIVE TITLES

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work

N/A

If published in a periodical or serial give: Volume Number Issue Date On Pages

2

NAME OF AUTHOR

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born N/A Year Died N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR Citizen of USA
Domiciled in Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed.
Co-Author of entire text.

NAME OF AUTHOR

Federation of State Medical Boards of the United States, Inc.

DATES OF BIRTH AND DEATH

Year Born N/A Year Died N/A

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR Citizen of USA
Domiciled in Eulless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed.
Co-Author of entire text.

NAME OF AUTHOR

DATES OF BIRTH AND DEATH

Year Born Year Died

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country
OR Citizen of
Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed.

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer for other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

3

a

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

1999 Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published. Month Day Year Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc.,
400 Fuller Wiser Rd., Eulless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.

APPLICATION RECEIVED

12/17/99

ONE DEPOSIT RECEIVED

DEC 17 1999

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
• See detailed instructions. • Sign the form at line 8.

DO NOT WRITE HERE
Page 1 of 4 pages

EXAMINED BY	FORM TX
CHECKED BY	
<input type="checkbox"/> CORRESPONDENCE	FOR
Yes	COPYRIGHT
	OFFICE
	USE
	ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼

a. ☐ This is the first published edition of a work previously registered in unpublished form.

b. ☐ This is the first application submitted by this author as copyright claimant.

c. ☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▶

Year of Registration ▶

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

a 6

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material.

Compilation of pictorial material.

See instructions before completing this space.

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account. Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

Alice J. Wooden Kelly
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

b

Area code and daytime telephone number ▶ (215) 590-9535

Fax number ▶ (215) 590-9755

Email ▶ awoodenkelly@mail.nbme.org

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▶

- ☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☒ authorized agent of NBME and FSMB

8

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Alice J. Wooden Kelly, Director, Department of Administration

Date ▶ 12/16/99

Handwritten signature, DO ▼

X *Alice J. Wooden Kelly*

Certificate will be mailed in window envelope to this address:

Name ▼
Alice J. Wooden Kelly
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

FOR POST
• Complete all necessary spaces
• Sign your application in space 8
• Send all correspondence in the same envelope
1. Application form
2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
3. Deposit material
MAIL TO
Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20540-8000

9

As of July 1, 1999, the filing fee for Form TX is \$30.

CONTINUATION SHEET FOR APPLICATION FORMS

- This Continuation Sheet is used in conjunction with Forms CA, PA, SE, SR, TX, and VA, only. Indicate which basic form you are continuing in the space in the upper right-hand corner.
- If at all possible, try to fit the information called for into the spaces provided on the basic form.
- If you do not have enough space for all the information you need to give on the basic form, use this Continuation Sheet and submit it with the basic form.
- If you submit this Continuation Sheet, clip (do not tape or staple) it to the basic form and fold the two together before submitting them.
- Space A of this sheet is intended to identify the basic application.
Space B is a continuation of Space 2 on the basic application. Space B is not applicable to Short forms.
Space C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, or 6 on the basic application or for the continuation of Space 1 on any of the three Short Forms PA, TX, or VA.

FORM _____ /CON
UNITED STATES COPYRIGHT OFFICE

TXu 928-261



EFFECTIVE DATE OF REGISTRATION

(Month) (Day) (Year)
CONTINUATION SHEET RECEIVED

Page 3 of 4 pages

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on the basic form submitted for the following work:

- **TITLE:** (Give the title as given under the heading "Title of this Work" in Space 1 of the basic form.)
United States Medical Licensing Examination Step 3

A
Identification
of
Application

- **NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S):** (Give the name and address of at least one copyright claimant as given in Space 4 of the basic form or Space 2 of any of the Short Forms PA, TX, or VA.)
National Board of Medical Examiners, 3750 Market St., Phila., PA 19104

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

d

Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**
Name of Country

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

☐ Yes
☐ No

OR { Citizen of ►
Domiciled in ►

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

e

Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**
Name of Country

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

☐ Yes
☐ No

OR { Citizen of ►
Domiciled in ►

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

f

Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**
Name of Country

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

☐ Yes
☐ No

OR { Citizen of ►
Domiciled in ►

Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

Use the reverse side of this sheet if you need more space for continuation of Spaces 1, 4, or 6 of the basic form or for the continuation of Space 1 on any of the Short Forms PA, TX, or VA.

CONTINUATION OF (Check which): ☐ Space 1 ☐ Space 4 ☐ Space 6

2 Books

Multiple Choice Question Component

Primum CCS Component

C

Continuation
of other
Spaces

Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼
Alice J. Wooden Kelly
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

FOR USER
• Complete all necessary spaces
• Sign your application

SEND ALL FEES TO:
1. Application form
2. Nonrefundable fee in check or
money order payable to Register
of Copyrights
3. Deposit Material

MAIL TO:
Library of Congress, Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20540-0000

D

Fees are effective
through June 30,
2012. After that date,
check the Copyright
Office Website at
[www.loc.gov/copy-
right](http://www.loc.gov/copy-
right) or call (202)
707-5960 for current
fee information.



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

REGISTER OF COPYRIGHTS
United States of America

REGISTRATION NUMBER

TX 4-838-008



EFFECTIVE DATE OF REGISTRATION

7 30 98
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

United States Medical Licensing Examination Step 3

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼

Number ▼

Issue Date ▼

On Pages ▼

NAME OF AUTHOR ▼

National Board of Medical Examiners

Was this contribution to the work a "work made for hire"? ☒ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

U.S.A.

OR

Citizen of ► Domiciled in ► Philadelphia, PA

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No

Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Co-Author of entire text.

NAME OF AUTHOR ▼

The Federation of State Medical Boards, Inc.

Was this contribution to the work a "work made for hire"? ☒ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

U.S.A.

OR

Citizen of ► Domiciled in ► Euless, TX

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No

Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Co-Author of entire text.

NAME OF AUTHOR ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR

Citizen of ►

Domiciled in ►

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No

Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

1998

Year

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published.

Month ►

May

Day ►

12

Year ►

1998

Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.▼

National Board of Medical Examiners, 3750 Market St.
Philadelphia, PA 19104 (NBME)
The Federation of State Medical Boards, Inc.
400 Fuller Wiser Road, Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.▼

RECEIVED

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

MORE ON BACK ►

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page.
• See detailed instructions.

DO NOT WRITE HERE

Page 1 of 4 pages

EXAMINED BY

OTW

FORM TX

CHECKED BY

☐ CORRESPONDENCE
Yes☐ DEPOSIT ACCOUNT
FUNDS USEDFOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▾☐ This is the first published edition of a work previously registered in unpublished form.☐ This is the first application submitted by this author as copyright claimant.☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▾

Year of Registration ▾

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▾

Previously published test items from test item pool.

b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▾

Newly authored test items and compilation, editorial selectivity, and
revision of preexisting material.**MANUFACTURERS AND LOCATIONS** If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.

Names of Manufacturers ▾

Places of Manufacture ▾

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS

A signature on this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a ☐ Copies and Phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only**DEPOSIT ACCOUNT** If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▾

Account Number ▾

National Board of Medical Examiners

DA037176

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▾

Alice J. Wooden Kelly, National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

Area Code & Telephone Number ▾ (215) 590-9535

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check one ▸

☐ author☐ other copyright claimant☐ owner of exclusive right(s)☒ authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▾

If the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▾ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Alice J. Wooden Kelly, Director, Dept of Administration

date ▾

7/29/98

Handwritten signature (X) ▾

Alice J. Wooden Kelly

MAIL
CERTIFI-
CATE TOCertificate
will be
mailed in
window
envelope

Name ▾

Alice J. Wooden Kelly

Number/Street/Apartment Number ▾

National Board of Medical Examiners

3750 Market Street

City/State/ZIP ▾

Philadelphia PA 19104

Have you:

- Completed all necessary spaces?
- Signed your application in space 10?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559.

17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

- If at all possible, try to fit the information called for into the spaces provided on Form TX.
- If you do not have space enough for all of the information you need to give on Form TX, use this continuation sheet and submit it with Form TX.
- If you submit this continuation sheet, clip (do not tape or staple) it to Form TX and fold the two together before submitting them.
- PART A of this sheet is intended to identify the basic application. PART B is a continuation of Space 2. PART C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, 6, or 7. The other spaces on Form TX call for specific items of information, and should not need continuation.

TX 4-838-008



EFFECTIVE DATE OF REGISTRATION

7 30 98
(Month) (Day) (Year)

CONTINUATION SHEET RECEIVED

JUL 30 1998

Page 3 of 4 pages

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

(A) Identification of Application	IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on Form TX, submitted the following work:	
	• TITLE: (Give the title as given under the heading "Title of this Work" in Space 1 of Form TX.) <u>United States Medical Licensing Examination Step 3</u>	
	• NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of Form TX.) <u>National Board of Medical Examiners, 3750 Market St., Phila., PA 19104</u>	

(B) Continuation of Space 2	<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
	<input type="checkbox"/>	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No
	<input type="checkbox"/>	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes," see detailed instructions attached.
	<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
	<input type="checkbox"/>	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No
<input type="checkbox"/>	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes," see detailed instructions attached.	
<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)	
<input type="checkbox"/>	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No	
<input type="checkbox"/>	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes," see detailed instructions attached.	
<input type="checkbox"/>	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)	
<input type="checkbox"/>	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No	
<input type="checkbox"/>	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes," see detailed instructions attached.	

Use the reverse side of this sheet if you need more space for:

- Further continuation of Space 2
- Continuation of Spaces 1, 4, 6, or 7 of Form TX

NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes . . . No . . .		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.	
AUTHOR OF: (Briefly describe nature of this author's contribution)			
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.	
AUTHOR OF: (Briefly describe nature of this author's contribution)			
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.	
AUTHOR OF: (Briefly describe nature of this author's contribution)			
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH: Born Died (Year) (Year)	
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.	
AUTHOR OF: (Briefly describe nature of this author's contribution)			

Continuation
of Space 2

C

Continuation
of other
SpacesCONTINUATION OF (Check which) ☒ Space 1 ☐ Space 4 ☐ Space 6 ☐ Space 7

56 Books:

A1, A2, A3, A4

B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15
B16, B17, B18, B19, B20, B21, B22, B23, B24C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12, C13, C14, C15
C16, C17, C18, C19, C20, C21, C22, C23, C24

D1, D2, D3, D4



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters
 REGISTER OF COPYRIGHTS
 United States of America

REGISTRATION NUMBER

TX 4-958-938



EFFECTIVE DATE OF REGISTRATION

2 24 99

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK

United States Medical Licensing Examination
 Step 3

PREVIOUS OR ALTERNATIVE TITLES

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work

N/A

If published in a periodical or serial give: Volume Number Issue Date On Pages

NAME OF AUTHOR

DATES OF BIRTH AND DEATH
 Year Born Year Died

N/A N/A

National Board of Medical Examiners

Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**
 Name of Country U.S.A.

☒ Yes ☐ No OR Citizen of Philadelphia, PA
 Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
 Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.
 Co-Author of entire text.

NAME OF AUTHOR

DATES OF BIRTH AND DEATH
 Year Born Year Died

N/A N/A

The Federation of State Medical Boards, Inc.

Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**
 Name of Country U.S.A.

☒ Yes ☐ No OR Citizen of Eulless, TX
 Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No
 Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.
 Co-Author of entire text.

NAME OF AUTHOR

DATES OF BIRTH AND DEATH
 Year Born Year Died

Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**
 Name of Country

☐ Yes ☐ No OR Citizen of
 Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No
 Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED
 1998

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
 Complete this information ONLY if this work has been published. Month December Day 1 Year 1998
 U.S.A.

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.

National Board of Medical Examiners, 3750 Market St.
 Philadelphia, PA 19104 (NBME)
 The Federation of State Medical Boards, Inc.
 400 Fuller Wiser Road, Eulless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.

APPLICATION RECEIVED
 FEB. 24. 1999

ONE DEPOSIT RECEIVED
 FEB. 24. 1999

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

EXAMINED BY

CHECKED BY

FORM TX

☐ CORRESPONDENCE
Yes☐ DEPOSIT ACCOUNT
FUNDS USEDFOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?| Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▽

| This is the first published edition of a work previously registered in unpublished form.

| This is the first application submitted by this author as copyright claimant.

| This is a changed version of the work, as shown by space 6 on this application.

your answer is "Yes," give: Previous Registration Number ▽

Year of Registration ▽

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.**Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▽

Previously published test items from test item pool.

6

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▽Newly authored test items and compilation, editorial selectivity, and
revision of preexisting material.See instructions
before completing
this space.**MANUFACTURERS AND LOCATIONS** If this is a published work consisting preponderantly of nondramatic literary material in English, the law may
require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain
processes, and the places where these processes were performed must be given. See instructions for details.

Names of Manufacturers ▽

Places of Manufacture ▽

7

PRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALSA signature on this form at space 10, and a
check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind
physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space
this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.a ☐ Copies and Phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only

See instructions.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

as ▽

Account Number ▽

National Board of Medical Examiners

DA037176

8

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▽

Alice J. Wooden Kelly, National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

Area Code & Telephone Number ▽ (215) 590-9535

Be sure to
give your
daytime phone
number.

9

CERTIFICATION I, the undersigned, hereby certify that I am the

Check one ▽

☐ author☐ other copyright claimant☐ owner of exclusive right(s)☒ authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▽

the work identified in this application and that the statements made
in this application are correct to the best of my knowledge.

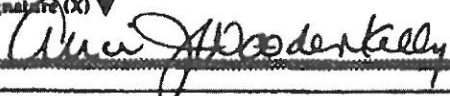
and printed name and date ▽ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Alice J. Wooden Kelly, Director, Dept of Administration

date ▽ 2/23/99

10

Handwritten signature (X) ▽

L
MPL-
ETONote
to
be
filled
in
low
slope

Name ▽	Alice J. Wooden Kelly
Number/Street/Apartment Number ▽	National Board of Medical Examiners
	3750 Market Street
City/State/ZIP ▽	Philadelphia PA 19104

Have you:

- Completed all necessary spaces?
- Signed your application in space 10?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559.

11

If at all possible, try to fit the information called for into the spaces provided on Form TX.

If you do not have space enough for all of the information you need to give on Form TX, use this continuation sheet and submit it with Form TX.

If you submit this continuation sheet, clip (do not tape or staple) it to Form TX and fold the two together before submitting them.

PART A of this sheet is intended to identify the basic application.

PART B is a continuation of Space 2. PART C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, 6, or 7. The other spaces on Form TX call for specific items of information, and should not need continuation.

TX 4-958-938



#TX0004950938

EFFECTIVE DATE OF REGISTRATION

2 24 99
(Month) (Day) (Year)

CONTINUATION SHEET RECEIVED

FEB 24 1999

Page 3 of 4 pages

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on Form TX, submitted to the following work:

• TITLE: (Give the title as given under the heading "Title of this Work" in Space 1 of Form TX.)

United States Medical Licensing Examination Step 3

• NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of Form TX.)

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104

A
Identification
of
Application

B
Continuation
of Space 2

NAME OF AUTHOR:

Was this author's contribution to the work a "work made for hire"? Yes No

DATES OF BIRTH AND DEATH

Born (Year) Died (Year)

AUTHOR'S NATIONALITY OR DOMICILE:

Citizen of (Name of Country) or Domiciled in (Name of Country)

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)

NAME OF AUTHOR:

Was this author's contribution to the work a "work made for hire"? Yes No

DATES OF BIRTH AND DEATH

Born (Year) Died (Year)

AUTHOR'S NATIONALITY OR DOMICILE:

Citizen of (Name of Country) or Domiciled in (Name of Country)

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)

NAME OF AUTHOR:

Was this author's contribution to the work a "work made for hire"? Yes No

DATES OF BIRTH AND DEATH

Born (Year) Died (Year)

AUTHOR'S NATIONALITY OR DOMICILE:

Citizen of (Name of Country) or Domiciled in (Name of Country)

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)

NAME OF AUTHOR:

Was this author's contribution to the work a "work made for hire"? Yes No

DATES OF BIRTH AND DEATH

Born (Year) Died (Year)

AUTHOR'S NATIONALITY OR DOMICILE:

Citizen of (Name of Country) or Domiciled in (Name of Country)

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)

NAME OF AUTHOR:

Was this author's contribution to the work a "work made for hire"? Yes No

DATES OF BIRTH AND DEATH

Born (Year) Died (Year)

AUTHOR'S NATIONALITY OR DOMICILE:

Citizen of (Name of Country) or Domiciled in (Name of Country)

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)

Use the reverse side of this sheet if you need more space for:

- Further continuation of Space 2
- Continuation of Spaces 1, 4, 6, or 7 of Form TX

NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH: Born (Year) Died (Year)		(B) Continuation of Space 2
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.		
AUTHOR OF: (Briefly describe nature of this author's contribution)				
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH: Born (Year) Died (Year)		
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.		(C) Continuation of other Spaces
AUTHOR OF: (Briefly describe nature of this author's contribution)				
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH: Born (Year) Died (Year)		
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.		
AUTHOR OF: (Briefly describe nature of this author's contribution)				(C) Continuation of other Spaces
NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH: Born (Year) Died (Year)		
AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.		
AUTHOR OF: (Briefly describe nature of this author's contribution)				

 CONTINUATION OF (Check which): ☒ Space 1 ☐ Space 4 ☐ Space 6 ☐ Space 7

72 Books:

A1, A2, A3, A4

 B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15, B16, B17
 B18, B19, B20, B21, B22, B23, B24, B25, B26, B27, B28, B29, B30, B31, B32

 C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12, C13, C14, C15, C16, C17
 C18, C19, C20, C21, C22, C23, C24, C25, C26, C27, C28, C29, C30, C31, C32

D1, D2, D3, D4